MARYLAND STATE DEPARTMENT OF HEALTH

1386	9		CERTI	FICATE	OF DEATH			1397	2
o. COUNTY Ca	rroll			RYLAND	2. USUAL RESIDENCE (V o. STATE	- Maryla	und. COUN	TY	1
	(If outside corporate limit and give negrest tawe) Sykesville		t. LENGTH OF STAY	3d	c. CITY OR TOWN (If ou Baltimor		ts, write RUR	AL ond give neore:	st town)
	PITAL OR INSTITUTION (If n				d. STREET ADDRESS not list	ed in re	cord		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF OECEASEO (Type or print)		irst le ri ck	Middle T.	And	Lost	4. OATE OF DEATH	Month 10	Doy 15	
S. SEX male	6. COLOR OR RACE	7. MARRIED [NEVER MARRI		6-3-90	9. AGE	(In yeors birthdoy) yrs.	Months Doys	Hours Mi
10o. USUAL OCCUPAT	ION (Give kind of work done ng life, even if retired)	10b. KINI	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County Marylan	& Stote, or foreign co	- 1	12. CITIZEN O COUNTRY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN				4.71
IC WAS DECEASED I	ick E. Andx EVER IN U.S. ARMED FORCES? (If yes give wor or dotes	114 50	OCIAL SECURITY NO. 0-54-677	-	Anna Gu NFORMANT Cospital Re		Addres		
PART 1. D 420 (Conditions, if orise to immed)	DEATH (Enter only one content was CAUSED BY: IMMEDIATE CAUSE DUE ny, which gove iote couse (o), derlying couse DUE	(o) Bils 10 (b) Arte	ateral br		pneumonia heart disea	se			ierval between iset and death weeks Years
PART II. OTHER	SIGNIFICANT CONDITIONS C hrenic read	ONTRIBUTING TO	DEATH BUT NOT RI	nic t	THE TERMINAL DISEASE CON	NDITION GIVEN IN P	ART 1(o)	19.	WAS AUTOPSY PEREORMED? YES NO
200. ACCIDENT \ OR CONTRIBUTI (IF EITHER, NOT	hrenic read WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II of	item 18.)		
20c. TIME OF I	NJURY Month, Doy, Yeor		URY OCCURRED Not While	20e. PLA	CE OF INJURY (Home, form pry, street, office bldg., etc.)		or town)	(County)	(Stote
	rtify that \((this has deceased alive an_		ed the deceased 1966,	fram 2 and tha	attending	9_21, ta	10-15 m causes c	19 66, 11 and an the da 22b. DATE SIGN 10-1	te stated abo
22c. PHYSICIA NAME (Ty	N'S Heinz H.	Klaats	ch, M.D.		22d. ADDRESS Springf	ield Sta	te Ho	spital	
230. BURIAL, CREMA REMOVAL (Spec	ial 10/20	EREOF 166	23c. NAME OF CEL	METERY OR	· Cemeter	23d. LOCATION	ton	nd.	
24. FUNERAL DIREC	TOR 7 - 1	. , 0	ADDRESS	all		BY REGISTRAR	256. REG	GISTRAR'S SIGNATU	o Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death? Page 4 may be retained by the hospital ar attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death: death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the ss 1 a. STATE Pages 1 afte 0/1 MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if Autside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) bon papers. Pag within 72 hours 24 hours = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO. letely within carbon NAME OF DECEASED First Middle DATE Month Year event, (Type or print) DEATH 1966 compl AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Isst birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH 9. remove 7. MARRIED NEVER MARRIED any and WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease and ir during most of working life, even if retired) INDUSTRY COUNTRY? 60 certificate FATHER'S NAME attending permit Then 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? transit permit 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause pertine for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate has the for use of Health p PERFORMED? NO T this cerum detached for 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) be detached State Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Hour a.m. After at work p.m. 19 at work 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 1966, and that death occurred at 1968. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page ATTENDING MED. STAFF PHYS. M.D. PHYS. DIRECTOR director, pa O HOSPITAL PHYSIC/AN'S ADDRESS 22c. 22d. (State) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMOVAL (Specify) **FUNERAL DIRECTOR** ADDRESS 25b. REGISTRAR'S SIGNATURE REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

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death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13074			CERTIFI	CATE	OF DEAT	ГН	1	3974		1
1. PLACE OF DEATH •. COUNTY ATT	oll		MARYLI		a. STATE Marvlan		asad livad, If b. COUN	ITY	nce before	dmission
b. CHY OR TOWN (if write RURAL and	outside corporata limi give hearast town)	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		ate limits, write		nearest to	wn)
		if not in hosp	ital, give straet address	s)	d. STREET ADDRESS	ick Road			ON	A FARM?
3. NAME OF DECEASED (Typa or print)	all are	1000	Middle	n	Last	4. DATE OF DEATH	Per	31	y Yes	11
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED		0-10-1894	72	AGE (In years last birthday) yrs.	Months Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION dona during most of work			ND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (COU		reign country)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME	.Waldvogel			14	. MOTHER'S MAIDEN	L.Zaner	The Co			
15. WAS DECEASED EVER (Yes, no, or unkown) (If No 18. CAUSE OF DE PART I. DEATH	R IN U.S. ARMED FOR yes givawar or dates of s EATH [Enter only one I WAS CAUSED BY:	CES? 16. Service)	3-20-9580 na for (a), (b), and (c).	Mrs.	Marjorie A	Willett,	Address	tt City,	Md NTERVAL BE	
Conditions, if eny, gava rise to immadia (a), stating the un	te cause		Pu	loli	may hu	ferculo della	res		3	
PART II. OTHER PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [(If EITHER, NOTIFY III.)	SIGNIFICANT CONDI		TRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERM	AINAL DISEASE CO	ONDITION GIV	/EN IN PART 1(a)	19. WAS PERFO	AUTOPSY ORMED?
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	Entar natura of injury	in Part I or Part II	of itam 18.)			
20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Ya	Whila at work	_Not Whila		OF INJURY (Home, fa , streat, office bldg., a		or town)	(County)		(Stata)
	at (I) (this hospi		ted the deceased19.						that (I) ate stated	
22a. 81GNATURE	Mari	lu		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Hor		SIGNEL
22c. PHYSICIAN'S NAME (Type)	MN	MA	STIN		22d. ADDRESS	sestin	uns	ter	· li	w
23a. BURIAL, CREMATIC REMOVAL (Spacify)	7	REOF	Sharon				t Frie	wn or county). ndship, N		Stata)
24 FUNERAL DIRECTOR'	s signature hom, Ellico	10/4	pulleth	our		EC'D BY REGISTR			ATURE	ge

VR A15 (4) 20M 5-63

Install Section of This offer III Dary L. Cansr. THE TELL SPORTS OF THE PARTY OF The structure Market at the Miller on Modnight MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. (1			13972		CERTIFICATE	OF DEATH		13975	
deoth.	1		PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived, if institut	ama d	,
after after		_	b. CITY OR TOWN (If autside carparate		MARYLAND GTH OF STAY IN 1b	CITY OF TOWN IS AND	Y L /7 / V D ide carparate limits, write RUI	CHIMO	
oy t Po Pours		N	EW WINDSON	RURAL	VEARS	NEW WI	NDS OR	RURAL	06
	00		BOWERSOX	RonD		d. STREET ADDRESS BOWERSO	YPIAN	e.	IS RESIDENCE ON A FARM?
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letely f carbon ant, with			DECEASED (Type or print) RAYMOND	WALTER	T	ZELL	OF DEATH OCT	20	1966
omp ve		S.	SEX 6. COLOR OR RAC	7. MARRIED WIDOWED	DIVORCED 8.	DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR Manths Days	Hours Min.
		10a	. USUAL OCCUPATION (Give kind of work	done 10b. KIND OF B	USINESS OR	11. BIRTHPLACE (County &	State or foreign country)	12. CITIZEN OF V	WHAT
			ing most of working life, even if retired)	INDUSTRY	ARM	0 - 1	AND	COUNTRY?	9
S M.D.		13.	FATHER'S NAME	Div		14. MOTHER'S MAIDEN NA	ME		
th certif ling phy Then removo			CHARLES	BALTZ		EDITH M	PDAMS		77 - 7
the death ie ottendin t permit. trion, or re			WAS DECEASED EVER IN U.S. ARMED FOI s, no, or unknown) (If yes give wor or o		ECURITY NO. 17. IN	FORMANT	Addre	AIFIN 161	INACO
offendi offendi permit.		H	18. CAUSE OF DEATH (Enter only or	no cours per line for (a) (b)	6-7273 L/	MAIC DI	ALTZELL.	INTED	VAL BETWEEN
thot the d an. by the oth transit perr cremation,			PART I. DEATH WAS CAUSED BY	196	ronary (30churis			T AND DEATH
s the			4201	DUE TO			20,000	- Su	dden
physi physi signe burio burio			Conditians, if any, which gave rise to immediate cause (a),	(b)					
w red			stoting the underlying couse	DUE TO	nging P	entaris		3-	years
e lo tend os be os prior		7	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)		VAS AUTOPSY
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the horder this detochote Dep	F	MEDICAL	20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m.	While - N		OF INJURY (Hame, farm, y, street, affice bldg., etc.)	20f. (City or town)	· (County)	(State)
Afte d by d be d be e Stc			21. I certify that (I) (this	haspital) attended th		0/1/43 , 19		44 19, tha	
OR: OR: H th			saw the deceased alive o	n1016166	_19, and that	death accurred at 1	M, fram causes	and on the date 22b. DATE SIGNED	
RECT 3 st d with d with			220. SIGNATURE Rober	tran	M.D.		NED. STAFF PHYS.	16/20/	66
may b RAL DI r, page	1		22c. PHYSICIAN'S NAME (Type)	ROBE	RTSON	22d. ADDRESS	WINDSOR	1	70
Page 4 may roll be firector, postpooled be should be 1		23a	DEMOVAL /Consider	10.	NAME OF CEMETERY OR CR	REMATORY	23d. LOCATION (City or To	wn) (County)	(State)
5 5 5 ja 4	8		BURIAL OCT	22, 1964 5	T PETE	R5	LIBERTYTO		MD
VR A15 (4)	0	24	FUNERAL DIRECTOR	Server Man	ADDRESS,		BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13973 CERTIFICATE OF DEATH
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) 5. COUNTY
	CARROLL MARYLAND MARYLAND CARROLL
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
1	FD FINKSBURG 22 MONTHS I-INKSBURG
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS ON A FARM?
3.	NAME OF First Middle Last 4. DATE Month Dey Year
	DECEASED JABEZ NELSON BARNES DEATH & CTOBER 23 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE, WHITE WIDOWED DIVORCED DEC 17 1893 72 yrs. Months Deys Hours Min.
10a	. USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
12	FARMER FARM CARROLL-MARYLAND USA
13.	INDEZ N. RADNES KITTY ELLEN HAINES
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Y-	NU (If yes give war or deles of service) 220-20-9659 MOSES U. BARNES RUNG MD
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: CEREBRAL VASCULAR ACCIDENT B WEEKS
	4221 DUE TO DITEOLOGICE NOTICE CARDIANACOUNTER
	conditions, if eny, which gave rise to immediate course (b) ARTERIOSCENOTIC CARDIOVASCULAR DIS
	(e), stating the underlying DUE TO
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
CATIC	YES NO []
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (Stele) Hour e.m. (County) (Stele)
Z	p.m. 19 at work of work of work of work of work of the deceased from MAPCH 19.65 to BC 103FN-19.66 that (I) (we) last
	21. I certify that (I) (this hospital) attended the deceased from M. H. C.T. 19.00, to 0.00 19.00 that (I) (we) last saw the deceased alive on 0.00 19.00 and that death occurred at 1.00 M, from the causes and on the date stated above.
	22a SKITTATURE A A I I A A A
	Harrel & Welliver M.D. ATTENDING MED. STAFF 10/23/66
	120c. PHYSICIAN'S 1901 F. 1 T WELLIVEN 1901DGF. ROAD WESTHINSTE
=	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
23	REMOVAL (Specify) 10/26/1966 Providence Cemetery Carroll Co., Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
0	. M. Waltz Box 241 Sykesville, Nd. DATE QCT 25 1966 Icharles Jusque
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
13972

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1
+ whshire, Manylore 66-1
d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Brown Rd. YES NO 1
Last 4. DATE Month Day Year
Boilean DEATH Oct 17 1966
8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Jan 9, 1903 (3 yrs. Months Days Hours Min.
11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Washington U.C. 45A
14. MOTHER'S MAIDEN NAME
Bill & Bed Jaman
INFORMANT Address Production
(may) Clutc/daughter Ber Times mil
1 INTERVAL BETWEEN
I lave Estimate Constitute onset and DEATH
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9 Colders.
MANUAL DESCRIPTION OF THE PROPERTY AND AUTODOX
LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
YES NO
CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
tory, street, office bldg., etc.)
ect 3, 1966, to ection 17, 1966, that (1) (we) last
at death occurred at 4.3 M, from the causes and on the date stated above.
ATTENDING MED. STAFF 22b. DATE SIGNED
D. ATTENDING MED. STAFF DIRECTOR PHYS. 10-17-66
22d. ADDRESS
HAMPSTEAD Marylowa
RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
dge Pikesville Balto Co Md.
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
PORT DATE ACT 19 1966 Misseles Judge

VR AI5 (4) 20M I/65

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> VR A15 (4) 15M 4-64

4	DIVISION OF STATISTICAL RESEARCH AND RECO		LTH EET, BALTIMORE 1,	MARYLAND
J	CERTIFIC	CATE OF DEATH	13	978
a.	ACE OF DEATH COUNTY MARYLA	a. STATE	deceased lived, If institution: b. COUNTY	Residence before admission)
N	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Color Town (If outside corporate limits, write RURAL and give nearest town) Color Town (If outside corporate limits, write RURAL and give nearest town)	· Western	corporate limits, write RUR	06-1
	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give Areet add	d. STREET ADDRESS	. Church S	e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF First Middle ECEASED ALBERT F	BOND 4. DA	TE Month	Day Year /8 19 6 6
5. SE	wale white WIDOWED DIVORCED	8. DATE OF BIRTH May 23/892	Months	
during 210	SUAL OCCUPATION (Give kind of work done most of working life, even if retired) House Industry	11. BIR HPLACE (County & St.	ate, or foreign country) 12.	COUNTRY?
13. F	Frank T. Bonk	14. MOTHER'S MAIDEN NAME	Kalos	
15. W. (Yes, n	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT	7-Bond	Sam
18	B. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). PART I. OEATH WAS CAUSED BY:	Die Onla	time	INTERVAL BETWEEN ONSET AND DEATH
	4201 OUE TO	our sigo		3-10
ga ca	onditions, if any, which ave rise to immediate ause (a), stating the onderlying cause last.			
CERTIFICATION	ARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE C	ONOITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Y
	Oa. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	OCCURREO. (Enter nature of injury in	Part I or Part II of Item	18.)
MEDICAL	DC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While at work at work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	. (City or town) (C	county) (State)
	21. I certify that (I) (this hospital) attended the deceased fro	m 10/19/66, 19	to 10/19/66, 19	, that (I) (we) last
		d that death occurred at 12 AM,		
	2a. SIGNATURE William R ODourh	M.D. ATTENDING MED.	STAFF	DATE SIGNED
	2c. PHYSICIAN'S NAME (Type) William R OROUTTE.	150W. Main S	s, Westmi	nster, md
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM REMOVAL (Specify) 10/21/66	TETERY OR CREMATORY 23d.	LOCATION (City, town or	mpso md
24.0	FUNERAL DIRECTOR ADORESS	25a. REC'D BY RI	EGISTRAR 25b. REGISTRA	AR'S SIGNATURE

AND THE RESERVE AND ADDRESS OF THE PARTY OF

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FOR STATE HEALTH DEPT. 3 97

Department after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours is

> VR A15ME 35DD 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13070

- 1									
		PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If institution: I	Residence before admission)			
		Carroll	MARYLAND	Mar	vland Carro	11			
		 CITY OR TOWN (if outside corporate limit write RURAL and give nearest town) 	ts, c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL	L and give nearest town)			
]	Rural-New Windsor	Life	Rural-	New Windsor	06-1			
1		d. NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, give street address)						
		R.D. 2		R.D		YES ND			
	3.	NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year			
		(Type or print) Albe		wman	DEATH Oct. 3	1, 1966			
		SEX 6. COLOR OR RACE 7. MAI	36		9. AGE (In years IF UNDER	R 1 YEAR FUNDER 24 HRS.			
1	1			Oct. 22,19	750 10 yrs.				
1	10a.	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country) 12. C	CITIZEN OF WHAT			
	uu.	None	IMD021V1	Carroll		S.A.			
1	13.	FATHER'S NAME		14. MOTHER'S MAIDE					
1		Unknown		Barh	oara Bowman				
1		WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address				
	(10	s, no, or unkown) (If yes give war or dates of service	None Niss	s Barbara	Bowman Same As	#2			
		18. CAUSE OF DEATH [Enter only one cause	e per line for (a), (b), and (c).]	20 1		INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HYCKELER	Thalu	1	93/4/41			
		3441 DUE TO	1			1100			
		Conditions, if any, which \ (h)	mbecal	(Out)		years			
		gave rise to immediate cause (a), stating the DUE TO				/			
		underlying cause last. (c)				<u> </u>			
	S	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED?			
	CAT					YES NO			
	CERTIFICATION	20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	injury in Part I or Part II of Item 18	8.)			
	CER	PRIMARY or CONTRIBUTING CAUSE OF DEATH.							
		20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fai	rm, 20f. (City or town) (Co	ounty) (State)			
	MEDICAL	Hour a.m.	While at work at work	ry, street, office bldg., et	(C.)				
	Σ .	p.m. 19 a		d an Autonsy	Inspection Inquiry	, and In my opinion			
		death resulted from: - Natural cause	es Accident, Suic	CHIEF MEDICAL					
		ACTUAL WYSOLG	Anh lake		DICAL EXAMINER	22. DATE SIGNED			
		SIGNATURE JULIA	Therene		AL EXAMINER X	10731-66			
2		EXAMINER'S W. Glenn S	Sneicher	120-1	Noise course or Columb Alex	ensles Garrie			
	23a.	BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY	and the same of th	23d. LOCATION (City, town or co	ounty) (State)			
		Burial 11/3/196			Carroll Co.,	Md.			
	24.	FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR 25b. REGISTRAF	R'S SIGNATURE			
1	C	. M. Waltz Box 241	Sykesville, Md.	DATE	OV 2 1966 Jan	son hunder			
ul/ I									

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13977

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

CERTIFICATE OF DEATH

13080

1		2000	3						3011	
72 haurs after death		ACE OF DEATH					(Where deceased lived, if i	nstitutian: Residenc	e befare admissian)	1
any event, within 72 haurs after d	a.	Carrel]			MARYLAND	o. STATE Marylan	a	Allegany		_
	b.	CITY OR TOWN (I	fautside carparate limits		C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carparate limits, wr		nearest tawn)	-
		write RURAL and	give nearest tawn)					,	1 . 2	
		Sykesvil	LOB INICTITUTION (II		lyr. 27dys.	Cumberlan	d	0	1 a RE DESIDER	NCE
7	d.	NAME OF HOSPITA	L OR INSTITUTION (If no	it in haspital, (give street address)	d. STREET ADDRESS			e. IS RESIDEN ON A FAR	M?
2		Springfi	eld State	Hospita	al	650 Baker	St.		YES N	0 🗶
	3. N/	ME OF	Fir	's†	Middle	Last	4. DATE	Manth	Day Year	
	(T	(CEASED (pe ar print)	I	DA	E.	BOWMAN	OF DEATH	OCTOBER 2	27 19 6	6
	S. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ars IF UNDER 1		
	F	emale	White	WIDOWED	DIVORCED T	3-15-1887	70 last birthd	ay) Manths	Days Haurs	Min.
	_		(Give kind af wark dane		ND OF BUSINESS OR		y & State, ar fareign country		IZEN OF WHAT	
16	during	mast af warking	ite, even if retired)		DUSTRY	West Virg			JNTRY?	
			.6						U.S.A.	
	13. F	ATHER'S NAME				14. MOTHER'S MAIDEN				
		William	Brill			Mariah	Hofiman			
	15. V	VAS DECEASED EVE	IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	7. INFORMANT		Address		
	N	o unknown)	(If yes give war ar dates a	ii service)	Unk. H	Records, Spri	ngfield Star	te Hospit	tal	
		8. CAUSE OF DE	ATH (Enter only one cau	se per line far					INTERVAL BETWE	EEN
			H WAS CAUSED BY:	Loba	r pneumonia				ONSET AND DEA	ATH
		411X	IMMEDIATE CAUSE		produita				uays	
		anditions, if any,			t failure				3	
		se ta immediat	couse (a)	1	o Tallura				days	
7		tating the under		Mitr	al valve ster	osis			years	
	-	ıst.		(c)						
2	× H	ART II. OTHER SIG	SNIFICANT CONDITIONS CO	ONTRIBUTING 1	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO TILE brain di On bowel duct	INDITION GIVEN IN PART 1	(a)	19. WAS AUTOPS PERFORMED	SY
2	Ĭ b	ualifyir	g phrase.0	bstruc	tion of commo	n bowel duct	by gall sto	one with	YES 🗶 NO	
	三 2	Oa. ACCIDENT WAS	UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCUR	ED (Enter nature of injury in s of liver.	-Part-I er-Part-II-of-item	18.)	J - 1-51-1-1	
			CAUSE OF DEATH MEDICAL EXAMINER)	011	lary cirrhosi	s of liver.				
	= -		RY Manth, Day, Year	20d. II	NJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far	m. 20f. (City or to	wn) (Cau	inty) (Sto	ate)
	MED	Haur a.n	10	While		factory, street, affice bldg., etc	.)			
		p.n		at war		0-30-65	19 - to 10-2	7-66 10	Ab - A (1) (- N. Jan
2		21. I certif	y that (I) (this has	10-27-	ded the deceased fran	that death accurred a		-00 , 19_	, mar (i) (w	e) las
	-		ceased alive an	TO-21-	, and	inai deain accurred d	rm, fram ca	uses and an ir	ie date stated (abave
		22a. SIGNATURE	(COOD	m in	Laboret	ATTENDING	MED. STAFF		TE SIGNED	
	_		agree	1001	Nume	M.D. PHYS.	DIRECTOR PHYS.			
		22c. PHYSICIAN'S NAME (Type)	DO MIEI	REDO	MILABRI		pringfield when ykesville.		spital	
		MANUE (19Pc)	WK AIT	1200	MADIN		Area Altie	naryrand		
	23a.	BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c. NAME OF CEMETERY		23d. LOCATION (City	ar Tawn)	(Caunty) (Stat	te)
	E	REMOVAL (Specify)	10-31	-66	Olivet Cer	metery	W.Va.	H	ardy	
)		FUNERAL DIRECTO		- 11	ADDRESS 10		D BY REGISTRAR 2	Sb. REGISTRAR'S SI	GNATURE	
90	X	MANUX >	Hell XAL	rhit	Strong 16	Y//A DATE	NOV 3 196	6 och	may Just	-

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		namen wado?
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1397	3		CERTIF	ICATE OF	DEATH		1.	3281		j
0		outside corporate limit give nearest town)		MARY c. LENGTH OF STAY II yr.10mos.1	LAND o.	WAL RESIDENCE (W STATE Marylan Y OR TOWN (If out Baltim	d. Iside corporote li	b. COUN	ltime	re Cit	LV
d	. NAME OF HOSPITA	at or institution (if n	, , ,	,	d. ST	REET ADDRESS 1213 W.	Mosher	St.			RESIDENCE A FARM? NO C
0	NAME OF DECEASED (Type or print)		rst ETTY	Middle (NMN)	BRI	Lost SCOE	4. DATE OF DEATH	Monti OCTO	BER 21	Doy	Year 19 66
S. S		6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		OF BIRTH -1890		GE (In yeors st birthdoy) yrs.	IF UNDER 1 Months	Doys Hou	NDER 24 HRS. Urs Min.
ducir	ng most of working l	(Give kind of work done ife, even if retired)		ID OF BUSINESS OR BUSTRY	Vi	rginia		country)	COL	IZEN OF WHA INTRY?	ī
	FATHER'S NAME Lanse Ma WAS DECEASED EVE	YO R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. S	OCIAL SECURITY NO.			aiden n	ame unl			
		which gove a couse (o),	(o) Heart 10 (b) Coron	failure			old in	farcts		Years Years	ND DEATH
CERTIFICATION	PART II. OTHER SIG Chronic qualifyi 20o. ACCIDENT WAS OR CONTRIBUTING	SNIFICANT CONDITIONS OF THE PROPERTY OF THE PR	CONTRIBUTING TO	DEATH BUT NOT REL	cerebra	MINAL DISEASE CON 1 a rteri	esclero	sis, wi	thout	19. WAS /	AUTOPSY ORMED?
MEDICAL		RY Month, Day, Year	20d. IN. While of work	JURY OCCURRED Not While of work		NJURY (Hame, farm et, office bldg., etc.)		ty or town)	(Cou	nty)	(Stote)
	21 1 corti	fy that (1) (this ha	enital) attend	ed the deceased	and that deat AT	h accurred at:	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNED	ated abave
10	DO DEVICIANIS	mi ce			1 2	2d ADDRESS Q	nainati	014 Ste	to He	mital	1
230	22c. PHYSICIAN'S	Agustin d	-	O, M. D.		S	pringfi ykesvil 23d. LOCAT		ryland		(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or retroval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician.

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pro. 19 per . aviki. energi. vyl 18 militarita. Springfield State Decision 1213 7. Heater St. Scattering and the second of the second o where the report of the property and the property of the prope And and the second of the seco The state of the s Carlotte Committee Committ Application of the way of the contract of the

hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit period. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, bremoval, and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SSSS CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY CARROLL COUNTY MARYLAND MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b SYKESVILLE BALTIMORE

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
LINGERS BOARDING HOUSE	646 NORTH BEND ROAD (FORMERLY) YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) LAURA M. BRO.	ADFOOT DEATH OCTOBER 20x 26, 186
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
FEMALE WHITE WIDOWED XX DIVORCED	APRIL 24, 1888 78 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED HOMEMAKER 13. FATHER'S NAME	MARYLAND U.S.A.
	14. MOTHER'S MAIDEN NAME
RICE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	ALBERTA INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	BALTIMORE 21207
	ROLAND W. BROADFOOT, 14 GWYNN LAKE DRIVE
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	vascular accident 30 min
DUE TO V	~ 0 0 · ~ 1 · · · · · · · · · · · · · · · · ·
Conditions, if any, which gave rise to immediate	Theroes -
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TAKE II. O III. CAN III. O III.	PERFORMED? YES NO
G OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
1 facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While at work	, A
21. I certify that (I) (this hospital) attended the deceased from	19 to Oct 26, 196 6 that (1) (we) last
saw the deceased alive on OS 1960, and that	death occurred at
22a. SIGNATURE	ATTENDING AMED. STAFF
1 Desel Nuchamo	. PHYS. DIRECTOR PHYS.
PHYSICIAN'S PHYSICIAN'S NAME (Type) E RESENTILEONS	5 15 Lew Level westmingter
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 10-31-66 LOUDON PARK CI	DD- HIVE
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 2	1229 DATE OCT 31 1966 Scharles Judge

VR A15 (4) 15M 4-64

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FOR STATE HEALTH DEPT.

12

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
13983

1.	PLACE OF DEATH a. COUNTY	Carrol:	1	MARYLAND	a. STATE		b. COUNTY	esidence before admission)
	b. CITY DR TDW	/N (If outside corporal and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate	Ilmits, write RURAL	and give nearest town)
202		Id State He		hospital, give street address)	Baltimore d. STREET ADDRESS Bal, to. Ci	3	Hamilton	8. IS RESIDENCE St ON A FARM? YES NO
3.	NAME OF DECEASED		Irst	Middle	Last	4. DATE OF	Month	Day Year
	(Type or print)	Clemm		May	Brown	DEATH	Oct.	30 19 66
F	sex Female	6. COLOR OR RACE	WIDOWED	DIVORCED	8. DATE OF BIRTH 2-17-02	63 last	birthday) Months yrs.	Days Hours Min.
dur	Music Te FATHER'S NAME	TIDN (Give kind of work ing life, even if retire eacher	done 10b. K	KIND OF BUSINESS DR INDUSTRY	North Ca			U.S.A.
	George Br				Clara	Stone		
15 (Ye	es, no, or unkown) No	EVER IN U.S. ARMED FO (If yes give war or dates o	of service) 2	17-34-5090 s	INFORMANT Springfield			kesville,
		EATH WAS CAUSED BY IMMEDIATE CAUSE	Y: Hes	line for (a), (b), and (c).] art Failure				INTERVAL BETWEEN ONSET AND DEATH WEEKS
	Conditions, if a gave rise to cause (a), st underlying caus	Immediate tating the se last.	(b) ins	sufficiency	sclerosis a			Years
CATION	PARTIL OTHERS CBS wit	ignificant condition cerebral	onscontribu arteri	BUTING TO DEATH BUT NOT RELA iosclerosis wit	th psychotic	reaction		19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. EXTERNAL PRIMARY or CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING [] IH.	20b.	DESCRIBE HOW INJURY DCCL	JRRED. (Enter nature o	of Injury in Part I o	r Part II of Item 18.)
MEDICAL CERTIFICATION	Hour a.m	m. 19	While at worl	e Not While facto	ACE OF INJURY (Home, fory, street, office bldg., e		or town) (Cou	enty) (State)
	21. I certify death results		causes	mains described above, he Accident , Sui	eld an Autopsy (25, nicide (11), Homici CHIEF MEDICA		, inquiry , termined manner	and in my opinion
	ACTUAL SIGNATURE	Her	MI		M.D. ASSISTANT ME	EDICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S NAME (Type)	W.Glenn Sp			Addless (Street	of 1 distribution or To	Lines trace	
	REMOVAL (Spe			23c. NAME OF CEMETERY	Y OR CREMATORY	23d. LOCATIO	ON (City, town or cou	anty) (Special
24 V	Burial -T	ransit 11 ector L-Wiedefel	1-1-66	Salem Cem ne 6500 York	25a. RE	EC'D BY REGISTRAR		S SIGNATURE
	Raltimor		21212		DATE N	1013 19	66 Jelian	The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH

	Divisian at	STATISTICAL RESEA	ARCH AND RECURDS, 30	I W. PRESION SIREE	I, BALIIMORE, MARYL	AND 21201			
	13981		CERTIFICAT	E OF DEATH		13984			
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before						
	a. COUNTY								
	b. CITY OR TOWN (If outside corpo	orate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outs	de corporate limits, write RUI	RAL and give nearest	town)		
	write RURAL and give nearest		2 yra x	1 -4 in 6 1	· A	06.1			
H	d. NAME OF HOSPITAL OR INSTITUT			d. STREET ADDRESS	wy	l e. IS RESIDENCE			
)	Hoston Boars		ive sheer oudress)	d. SIREEI ADDRESS			ON A FARM?		
3.	NAME OF	First	Middle		4. DATE Mont	h Doy	Year		
	DECEASED (Type or print) ADA	H MYR	LE BUCK	INGHAM	OF DEATH Oct	. 10	1966		
S.	. SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.		
1	female white	WIDOWED	DIVORCED [aug. 9,1881	last birthdoy)	Months Doys	Hours Min.		
A	Oo. USUAL OCCUPATION (Give kind of v	work done 10b. KI	ND OF BUSINESS OR	BIRTHPLACE (County &		12. CITIZEN OF V	WHAT		
Poli	urion most of working life even if letin	red) IN	DUSTRY	PARMILA	Sol	COUNTRY ?	1		
	3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	14.0.	a,		
L	J. TAINER'S WAITE	1.11/	2.1	14. MOTHER'S MAIDEN NA	1-1-	100			
_	Livro win	yeld C	aple	uene	JAYUN	0	1 1 01		
1	S. WAS DECEASED EVER IN U.S. ARMET Yes, no, or unknown) (If yes give wo	PORCES? 16. 1	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	12 Land	rake Rd		
1		-	- m	12 Harred 2.	Harvey.	20woon	md.		
	18. CAUSE OF DEATH (Enter on		(o), (b), ond (c).)	0 4			VAL BETWEEN		
Е	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	teriore	erstic	CVO	UNSE	T AND DEATH		
	14221	DUE TO				1-9	ea.		
	Conditions, if ony, which gove	(b)					un.		
	rise to immediate couse (a), (stating the underlying couse (DUE TO							
L	lost.	(c)							
	PART II. OTHER SIGNIFICANT CON		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. V	VAS AUTOPSY ERFORMED?		
NO	TANK IN COLUMN SOUTH COLUMN SOUTH	TOTAL	907 1101 11201120 10	THE PERMITTE STREET STREET		YES			
CFRTIFICATION	20o. ACCIDENT WAS UNDERLYING!	I 20h DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Do	et Lor Port II of item 18 \	163			
FE	OR CONTRIBUTING CAUSE OF D	EATH	SCRIDE HOW INJURY OCCURRED	. (cities motore of impry in ro	il i di roll il di nem 10.)				
	(IF CITITIES, NOTIFY MEDICAL EXAM		The second		1 001 (5)	<i>(C</i>	(5:)		
MEDICAL	20c. TIME OF INJURY Month, Do	y, Yeor 20d. If	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	· (County)	(Stote)		
Z	p.m.	19 of work	c U ot work U						
Н	21. I certify that (I)	(this haspital) attend	død the deceased fram_	aug 12,19	43 to 10/10	, 19/46, tha	it (I) (we) las		
F	saw the deceased aliv	ve an 10/8/	44 19, and th	at death accurred at	M, from causes	and an the date	stated abave		
1	220. SIGNATURE	7		ATTENDING N	NED. STAFF	22b. DATE SIGNED			
Ю	M.E.R.	obertron	A	I.D. PHYS. D	IRECTOR PHYS.	10/1	0/44		
	22c. PHYSICIAN'S			22d. ADDRESS	1		0		
	NAME (Type) ME	ROBERTS.	ON	new	Windso	r, ma	/,		
2:	30. BURIAL, CREMATION, 23b.	. DATE THEREOF /	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City or To	wŋ) (County)	(Stote)		
	REMOVAL (Specify)	11.17 11	Sandyan	- + Plan et	Imbsbn	0.0	will mad		
H	24. FUNERAL DIRECTOR	12 46	- ADDRESS	2So. REC'D	Y REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE	RACY CAR		
	J. E. Musero, &	. Westru	unter mil		OT 1 0 1056		Judge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and ampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semove corbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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		MAKIL	AITU .	SIATE DEPA	AKIM	EIAI OL L	IEALIT	-BALIIN	NOKE, I	0	
139	82	100		CERT	IFICA	TE OF	DEATH	1		Reg. Dist. No.	13985
1. PLACE OF a. COUNTY		Carrol	L	MAR	YLAND	2. USUAL RESI	0	ere deceased live	d. If institution b. COUNTY.	n: Residence befor	e admission)
RURAL	nd give near		, write	c, LENGTH OF STAY	(IN 1b	c. CITY OR	11	-	limits, write RU	RAL and give nea	rest town)
d. NAME C	of HOSPITAL TITUTION THE BOTO	(If not in hospital, ai	ve street or			d. STREET A	ADDRESS Deboro	- Car	(our	ral)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pr	int)	Adr	in	Widdle V L O	14	CALL	well	4. DATE OF DEATH	Month	+ 180	y Year 1966
5. SEX	le	White	WIDOWED	Lar	ED 🔲	DATE OF BIRT	21-18	16 9	st birthday) yrs.	Months Days	Haurs Min.
during me	CCUPATION ost of working	(Give kind of work d g life, even if retired)	one 10b. K	IND OF BUSINESS (OR INDUS	TRY 11. BUTHE	Pa	or foreign country	r)		WHAT COUNTRY
13. FATHER'S I	NAME N W C	, 10	E	11 ISON	,	14. MOTHER'S	MAIDEN N		Hammers	ley	
15. WAS DECE (Yes, no, or unknown)	ASED EVER I	N U. S. ARMED FORCE	ES? 16. Service)	OCIAL SECURITY NO		short	CA	1dwe	// Addre	Ancho	ster. Me
	RT I. DEATH	WAS CAUSED 8Y:	se per line	for (a), (b), and (c)	1 -	-otic	C.	Ardio			RVAL BETWEEN ET AND DEATH
gave r	ans, if any ise to imm), stating the	nediate (VAS	cula	er D	reo	e e		3	y
3		SIGNIFICANT CONC	er les	INTRIBUTING TO DE	etu	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	P. WAS AUTOPSY PERFORMED? YES NO
	DENT WAS RIBUTING [, NOTIFY MI	UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY C	CCURRED	. (Enter nature a	of injury in P	Part I or Part II of	item 18.)		
	OF INJURY r a. ft. p. m.	Month, Day, Yea	20d. INJ While at wark	Not while at work	20e. PLA faci	CE OF INJURY (ary, street, office	Home, farm, e bldg., etc.	20f. (City or to	own)	(County)	(State)
alive of	n <u>C</u> C	I attended the	deceased _, 1966				6A		e causes ar	nd an the dat	w the deceased e stated above. DATE SIGNED
PHYSICIA NAME (T)	N'S	lilbur	1+	Foted	M.I	0	INIVC	N (2) [3	, <u>M</u>	<u>. T /</u>	9518106
REMOVAL	(Specify)	22b. DATE THEREO		22c. NAME OF CEM				22d. LOCATION			(State)
23. FUNERAL D		10/21/19	20	ADDRESS	1 Cem	etery	DATE DECIS	Baltime		ryland	
11/m	171	/	0	Joers	up;	hal.	DATE	THE REGISTRAR	966	Marile	Judge.

DATE

he funeral director, should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to the haspital or attending physician.

TO FUNERAL DICTOR After this certificate has been signed by the attending physician and campletely filled it page 3 shauld betached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

2051		CERTIFICATE	2888
		Million) Derrich (Albert Albert)	
	THE RESIDENCE OF STREET		
(County) (State			
' last saw the c	ed atM, from the causes and a ADDRESS (Street, city or town, state)		eli ale balgate i i pie elitati. I . II elitati i elitati i
	SUL RESIDENCE MANUAL PROPERTY.		- A SAME ENGINE
	Control of the Contro	and a Million Secul of	Outpot that are the second

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12088

-	d il	1		20000				10300
deoth	de d	1	1. [LACE OF DEATH		2. USUAL RESIDENCE	(Where deceosed lived, if institut	ion: Residence before odmission)
		_	(CARRO.	LL COUNTY MI	ARYLANO O. STATE	1/1/1/1 b. COUR	MADDOLL
ffer	he fur ges 1 after		-	. CITY OR TOWN (If autside corporate li			autside carporate limits, write RUF	OAL and give paged town
0	ages rs aft		,	write RURAL and give nearest town)	illis,	All later	durside carporare limits, write kor	TAL Old give neolest lowing
OUL	by ou		1	VESTMINSTE	R FUL	1/3 MES	MINSIE	K, ML-
24 hours ofter	in 25.			. NAME OF HOSPITAL OR INSTITUTION (II	not in hospitol, give street oddress	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	nd completely filled in emove carbon popers. ony event, within 72 h	60	0	ARROLL COUNT	Y GEN. HOS.	P. 37501	LIVAN AYL	YES NO NO
it.	V it	-		IAME OF	First Middle	Lost	4. DATE Mont	
3	completely ove carbor y event, w	1		Type or print) MARGAR	ET SUSANN	CAREY	DEATH OCT	- 6 1966
ted	npl ver		S. S	EX 6. COLOR OR RACE	7. MARRIED NEVER MARR	HED 8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
хесп	nd completely femove carbon ony event, with		-	FW	WIDOWED DIVOR	CED 1 MAY 19, 18	191 Jost birthdoy) yrs.	Months Doys Hours Min.
9	0			USUAL OCCUPATION (Give kind of work do		V. BIRTHPLACE (Coun	ty & Stote, or foreign country)	12. CITIZEN OF WHAT
9	cion and		duri	ng most of working life, even if retired)	STORE FOOD	CARRO	the co.	COUNTRY,?
cot	2.8.5	EL P		FATHER'S NAME	SIULE 1-CUL	14. MOTHER'S MAIDE		10,0,0
that the death certificate be executed within on.	ending phy nit. Then or removal		10.	OUN WENRY	IBEX	ADFIA	IDE E. F	FISHER
h c	ottending permit. The	13	15.	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO	. 17. INFORMANT	Addre	ess/3/ WHITELY.TER
eat	offendi permit.		(Ye	, no, or unknown) (If yes give wor or dot	es of service) 219-34-40	75 SISTER MAR,	V METTEF T	DADRY PA 19073
Ф		, 41		100		27 11111	11-11-1	INTERVAL BETWEEN
=	(1) ÷			18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	couse per line for (o), (b), and (c).)			ONSET AND DEATH
hot n.	by th ransit			IMMEDIATE CAL				
S t	0 1 .				UE TO CONTRACTOR	inte Neart &		
uire	signe burio burio			Conditions, if ony, which gove rise to immediate couse (o),	(b) Commosor	on the seaso	islas—	
req	e bi	7.		stoting the underlying couse	UE TO	1		
≯ in	the tr		13	last.	(c) Comerate	get averisele	ware	
len en	as been os the prior to			PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
The p	ha Ise	0	CERTIFICATION					PERFORMED?
z o	icote ho for use Heolth		FICA	20o. ACCIDENT WAS UNDERLYING	20P DESCRIBE HOW INITIAL	OCCURRED. (Enter noture of injury i	in Part I or Part II of item 18 \	113 110
5 .₽	affic affic affic		ERTI	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY	OCCORRED. (Either Holdre of Injuly I	in tuni i or ron ii or nem io.)	
YSI				(IF EITHER, NOTIFY MEDICAL EXAMINER)		1	1 00/	16
E	his ce etoche Dept.		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeo Hour o.m.	20d. INJURY OCCURRED While Not While	20e. PLACE OF INJURY (Home, for foctory, street, office bldg., e		(County) (Stote)
5 =	- O 0		×		of work at work			
a	After be Stot			21. I certify that (I) (this h	aspital) attended the decease	ed fram Oct 3.	, 1966, to Oct 6,	, 1966, that (I) (we) last
FEN	S should with the			saw the deceased alive an	cect 6, 1966	, and that death accurred	at 8 3 M, fram causes	and an the date stated above.
AT	Des f			220. SIGNATURE		ATTENDING	MCD CTAFF	22b. DATE SIGNED
S P	DIRE 3e 3 ed w	10		Intren	Marsher	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	10/6/66
- P		43		22c. PHYSICIAN'S	0	22d ADDRESS		
100	-3 -0	1	ie.	NAME (Type) JOHN	S. HARSHEY	M.D. Jana	wast. Wash	remoter, bud.
00	FUNERAL director, po should be fi		230	BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or To	wn) (County) PR (State)
Poge	dire sho	0	-9	REMOVAL (Specify)	9,1966 MESTA	MINSTER CEN	1 WESTMINS	TER CHASS
2	5 p	2	24	EUNERAL DIRECTOR	ADDRESS	2So. RE	C'D BY REGISTRAR 2Sb. RE	EGISTRAR'S SIGNATURE
	VR A15 (4) 20 M 1/66	(3)	2	7mes (- 1.4	ellh thomas	NSTER ME DATE	OCT 1 0 1966	Melianles Judge
	20 M 1/00		1	with the said	416/1820/1911	V SIE (SIL DATE	An In idon	The state of the s

THE WAY A RESIDENCE TO A REPORT OF THE PROPERTY OF THE PROPERT HARST TO SEE THE METERS OF THE SECOND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depthat MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

20003	0=1((1)(10)(()	- 01		10:301
1. PLACE DF DEATH a. COUNTY			nere deceased lived, If institution	n: Residence before admission)
Canall	MADVIAND	a. STATE	b. COUNTY	lam Al.
b. CITY DR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		de corporate limits, write RL	IRAL and give nearest town)
write RURAL and give nearest town)	21/2 mo.		. 0	0 \$ 0
marchester margend		Upperco,	ma	0313
d. NAME OF HOSPITAL OR INSTITUTION Lif not in hos		d. STREET ADDRESS	0 1	e. IS RESIDENCE DN A FARM?
Jongran Neusing Home	12 FN. manist	Cled Homor	wkd	YES ND
3. NAME DF DECEASED	Middle		DATE Month	Day Year
(Type or print)	Belle (DEATH CLIT 17	1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS.
7 male white WIDOWED	DIVORCED	may 13; 1894	7 2 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. Kinduring most of working life, even if retired) INE	ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County &	State, or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY?
during most of working me, even in retired)	JUSTKT	Balto Co. o	u tom.	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		1
Edward A. Burke		Ida W	ray Bolt	
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. S	DCIAL SECURITY ND. 17.	INFORMANT	Address	100 1 Nouver Rd
(Yes, no, or unkown) (If yes give war or dates of service) 220	-48-3641 m	is Henry Lev	z-daughte	· Uppl es mo.
18. CAUSE DF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	01	0	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	C	Lland hor	w.	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Conclude			- ladays
Tada DUE TO	- Da.	to Can	1.	-
Conditions, If any, which	enoute	are an	aro	3 yrs
gave rise to Immediate Cause (a), stating the DUE TO	0	N		
underlying cause last. (c)	rucco	Luca		
	ING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
ITE				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b. DE	CODIDE HOW INHIBY DOOR	RRED. (Enter nature of Injur	y In Part I or Part II of Itan	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING 20b. DE DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY DCCO	RRED. (Enter nature of injur	y III Fait I OI Fait II OI Iteli	1 10.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJ	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While p.m. 19 at work		ry, street, office bidg., etc.)		
p.m. 19 at work	at work	/		
21. I certify that((I))(this hospital) attended	the deceased from &	19 1906	, to au 17 , 1	9.66, that (III) (we) last
saw the deceased alive on Oct 13	19.66, and that	death occurred at 7:55	M, from the causes and i	on the date stated above.
22a. SIGNATURE			22b	. DATE/SIGNED
1) N Town	M.M	ATTENDING MED.	TDR T STAFF	10/17/66
22c. PHYSICIAN'S 14/)	1	22d. ADDRESS	/	1
NAME (Type) VV.1-1 FO A	rd MD	MANCE	1 CSTET.	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREDF	23c. NAME DF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town o	r county) (State)
REMOVAL (Specify) Oct. 20, 66			Arcadia. Md.	
24. FUNERAL DIRECTOR	ADDRESS		REGISTRAR 25b. REGIST	RAR'S SIGNATURE
		OOT O	1 100h ml.	when Judge
Tipton-Eline Funeral Home Ha	mpstead, Md.	DATE	1 1966 gara	The state of the s

VR AI5 (4) 20M 1/65

August Cob. 29, 16 of Saul Court

. H. Dabersal Golf Larracks, His

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13985	CERTIFICATE	OF DEATH		13988		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceosed lived, il institution: Resi	idence before odmission)		
	a. COUNTY GARROLL CO.	MARYLAND	MARYLA	AND B. COUNTY CA	PRROLL		
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		ide carparote limits, write RURAL and	give nearest tawn)		
1	write RURAL and give nearest town)	50YRS+	WESTMI	INSTER	06 + 1		
-	d. NAME OF HOSPITAL OR INSTITUTION (II nat in I	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE		
	112 EMAINST.		112 E.	MAIN ST.	ON A FARM? YES NO		
	NAME OF DECEASED (Type or print) CLEMIE	ELIZA BETH	DAVIS	4. DATE Month OF DEATH	Day Year 2/ 1966		
	SEX 6. COLOR OR RACE 7. A	THE PER PROPERTY.	3. DATE OF BIRTH AUG. 7, 188	last birthdoy) Manth			
du	a. USUAL OCCUPATION (Give kind of wark done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & MEDFOR.	State, or foreign country) 12 D CARROLLCO	COUNTRY?		
13	3. FATHER'S NAME H-STEWART ROLL	BERTS	14. MOTHER'S MAIDEN NA ELLA	ENGLAR			
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dotes of serv		NFORMANT PS EILEEN		POICODY DR. WER SPRING-M		
	IB. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line lor (o), (b), ond (c).) CORONARY	INSUFFI	CIENCY	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave) (h)	ARTERIOSCLE	ROTIC CH	ARDIO VASCULAR			
	rise to immediate cause (a), stating the underlying cause last.			DISEASE	YEARS		
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Po	ort I or Port II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Haur o.m. p.m. 19		E OF INJURY (Home, farm, ary, street, office bldg., etc.)		(County) (State)		
	21. I certify that (I) (this haspital saw the deceased alive an) attended the deceased fram	, 19 t death accurred at_	65 to 10/21, 1	19 <u>66</u> , that (<u>1)</u> (we) last in the date stated above		
	220. SIGNAJURE	proces of M.). PHYS.	MED. STAFF 22b	DATE SIGNED 1		
	DE PHYSICIAN'S NAME (Type) VINCENT	S. Flocco		R ST. WESTMI	NSTER Md.		
23	Ba. BURIAL, (REMATION, 23b. DATE THEREOF SEMOVAL (Specify) 0C7. 25	4 GG WESTMINS		23d. LOCATION (City or Town) ERY NESTMINS	(Caunty) (State)		
	24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE		
1	K. E. misers, A. 1	Strumter m	DATE OC	T 25 1986 Jaly	mes Judge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

4 TTO AS AD THE STANDARD SOUND TO THE STANDARD STEWN OF SHEET OF THESE 112 E MAIN ST 1.5 MEW 3 2.1. ELIZIBETH DAUS ELEMIE PW 7 1880 8C MEDFORD CAPPOLLE IF SE HOUSE-WIFE ELLA ENGLAR H. STENART PROBERTS 2007/00/21/00 MRS ELLETAN NEBER SHARR SKINGEL EINCENT J. FIDECE SPHCHOR ST. WESTRINGSTER MIC THERE I GOT BY GO HESTRINGTER CENTERLY DESTRINGTOR NA

25 5 my craft West minute Mile and and Com

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13986
CERTIFICATE OF DEATH

	13986	3		CERTII	FICATE	OF DEATH			1398	9
	PLACE OF DEATH o. COUNTY	Carroll		MAR	YLAND	2. USUAL RESIDENCE o. STATE Mary		lived, if institution b. COUNT	nn: Residence bef	are odmissian) 1
	b. CITY OR TOWN (I write RURAL ond Westmir	f outside corporate limits give neorest town) nister	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	outside corporate ministe:	limits, write RUR		est town)
	d. NAME OF HOSPITA	L County Ge	t in hospitol, gi neral	ive street oddress)			e. IS RESIDENCE ON A FARM? YES NO KX			
	NAME OF DECEASED (Type or print)	Ze r ual		Middle Willard		Dion	4. DATE OF DEATH	Month 10	19	1966
5.	sex Female	6. COLOR OR RACE White	7. MARRIED [WIDOWED [NEVER MARRIE DIVORCE		ept.3,1883		GE (In years ast birthdoy) 33 yrs.	Months Doys	Hours Min.
duri	ng most of warking Housewij	(Give kind of work dane ide, even if retired)		ND OF BUSINESS OR DUSTRY Lt Home		11. BIRTHPLACE (Count Virgin	ia	gn country)	12. CITIZEN COUNTRY US A	OF WHAT ?
13.	FATHER'S NAME	avid Woola	rd			14. MOTHER'S MAIDEN	Not Obta	ainable		
1S. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dotes a		OCIAL SECURITY NO.		nformant onzo H. Di	on V	Addres Vestmini		d.
	18. CAUSE OF DE PART I. DEAT Canditians, if ony, rise to immediate stoting the under lost.	e cause (a), lying cause DUE	(o)	PERNE		OMA, RIG		ES		NTERVAL BETWEEN NSET AND DEATH
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING TO		-	HE TERMINAL DISEASE CO	ONDITION GIVEN I	N PART 1(o)	19	P. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DES	CRIBE HOW INJURY C	CCURRED. (Enter nature of injury in	Port I or Port II	of item 18.)		
MEDICAL								(County)	(State)	
	saw the de	y that (1) (this hos eceased alive on_	pital) attend	led the deceosed	from_ and that	deoth occurred o	1966 to 105 M,	10/19 from causes o	7 , 19 <i>66</i> , and on the de	that (I) (we) last ote stated above
	220. SHGNATURE ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED / 10/19/66 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS									
230	BURIAL, CREMATIO REMOVAL (Specify) Burial		REOF 2.1966	23c. NAME OF CEN				TION (City or Tow		"
	EUNERAL DIRECTOR	edf. 831	ine	ADDRESS ADDRESS			OCT 2 4	25b. REG 1856	gelearl	URE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit—Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian or carroval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15

MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS		ARYLAND
13987 CERTIFICAT		990
1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE 100 b. COUNTY - 1	esidence before admission)
b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		WAR (
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) RUFA! - Sy Kesville 3 Weeks	L. CITT OR TOWN (IT OUTSIDE CORPORATE MINIES, WITH NORTH	/ 3 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Pine Knob Rd.		YES ND
3. NAME DF DECEASED (Type or print) MARU First Elizabeth	Offmeyer Death Oct.	Day Year 1966
7/100/11	8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
termile white widowed & DIVORCED	Nov. 11, 1883 Rast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) INPUSTRY		DUNTRY?
13. FATHER'S NAME	I 14. MOTHER'S MAIDEN NAME	U. S. A .
John Peacher	MARY GCALL	
TO THE RESIDENCE OF THE PERSON	INFORMANT	
No - M	1s. Mystle Ensor- Finks	
18. CAUSE OF DEATH [Enter only one cause per lin for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	11/1-11	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Mon Law	1 nous
Conditions, if any, which	les - Decompensation	years
gave rise to immediate cause (a), stating the DUE TD	artin	likan
underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELA	ATER TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PROPERTY OF THE PARTIE OF THE PAR	TED TO THE TERMINAL DISEASE COMBITTOR GIVEN IN FART 2(a)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter pature of injury in Part I or Part II of Item 18	
20c. TIME DF INJURY Month Day, Year 20d. INJURY DCCURRED 20e. PLA factor While Not While factor 19 at work tert work 20e. PLA factor 20e	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
	10 = 15 - 10 = 10 = 61	11 11 11 12 13 13 13 13
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at // M, from the causes and on t	he date stated above.
22a. S GNATURE		ATE SIGNED
22c Physician's	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	-13-00
NAME (Type) JMES 4/ 2/1-e/	Telsterstinn, N	1
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME/OF CEMETER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unty) (State)
BUTAA 10-18-69 BATO, NAT	1 25a, REC'D BY REGISTRAR 25b, REGISTRAR	'S SIGNATURE
Harry W. Haislot Lylasoith Mil	DATE OCT 18 1986 folias	les Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission b. COUNTY MARYIANO b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) JUKESUITO Du Kes VI IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give/street oddress) d. STREET ADDRESS 0 YES NO T Middle 4. OATE First Lost Month Oov Year OF 23 OFATH 010 19 63 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIEO** urthdoy) Oovs Hours X WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign INDUSTRY COUNTRY? abover MOTHER'S MAIDEN NAMI 14 16. SOCIAL SECURITY NO 17. INFORMANT INTERVAL BETWEEN IMMEDIATE CAUSE (o DUE TO

S. SEX Male 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. EATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes give wor or dotes of service) NO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I, DEATH WAS CAUSED BY Conditions, if any, which gave (b rise to immediate couse (a) DUE TO stoting the underlying couse lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) While 19 of work ot work 21. I certify that (10 (this haspital) attended the deceased fram 2 1966, ta 1966 that X (we) last 1966, and that death occurred of 11: 104M, from causes and on the date stated above. saw the deceased alive an 22b. OATE SIGNED 22o. SIGNATURE STAFF M.O. PHYS **OIRECTOR** PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. OATE THEREOF 23d LOCATION (City or Town (County) (Stote) REMOVAL (Spicify) 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AODRES

TO FUNERAL DIRECTOR: After this certificate director, page shauld be filed VR A15 (4) 20 M 1/66

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requires that the death certificate be executed within 24 haurs after death

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OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY the 12 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) à write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Z completel NAME OF Middle DATE 4. Day Yaar DECEASED OF (Type or print) DEATH 1966 5 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED WEVER MARRIED last birthday) and Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) weene 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT Margaret Numsen, Manchester, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO E 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., atc.) Hour a.m. While Not Whila at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from...... 1953 to all .5....., 19.66, that (T) (we) last saw the deceased alive on L.C. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Carroll Co. Md. 10/8/66 Sandymount Cemetery 0 Buria 25a. REC'D BY REGISTRAR 25b. REGISTRATES SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hampstead, Md. 1966 Tipton-Eline 15M 7-62

RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13990 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O Coth ATTENDING PHYSICIAN: The low requires thot the death certificate be executed within 24 hours after deoth by the funeral Pages 1 and puo 1. PLACE OF DEATH o. COUNTY b. COUNTY Carroll MARYLAND Carrol arvland b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 ely filled in by the bon papers. Page , within 72 hours g write RURAL and give nearest town) Rural-Mt. Airv Westminster d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll County General Hospital Route YES NO X pou 3. NAME OF First Middle Lost 4. DATE Month DECEASED Baby Fleming October Воу 19. 19 66 DEATH event, (Type or print) remove cor IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Haurs Male White Oct. 19, 1966 DIVORCED In ony WIDOWED puo 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or fareign country) physician on pleose during most of working life, even if retired) INDUSTRY COUNTRY? dud Westminster, Md. None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal Kendall Fleming Linda Watkins attending p permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give war ar dates of service) Fleming Same, As None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retoined by the hospital or attending physicion. DUF TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) letached for use of Dept. of Health p CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) 20c. TIME OF INJURY Month, Doy, Year (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at wark ot wark pe 21. I certify that (# (this haspital) ottended the deceased fram. 1966, that # (we) last 1966, 10 О with the 1968, and that death occurred at 430 M, from couses and an the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED STAFF directar, poge 3 should be filed v DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Karl M. Green Fairfield Ave. Westminster.Md. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Ponlar Springs Howard ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Waltz Box 241 Sykesville, Md. 1966

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13891		CERTII	FICATE	OF DEATH	- 25	13994
1. PLACE OF DEATH						ion: Residence before admission)
a. COUNTY Carroll		MAD	RYLAND	o. STATE Marvla	b. COUN	rroll
b. CITY OR TOWN (If outside corporate lin	nits	c. LENGTH OF STAY			side carparate limits, write RUR	
write RURAL and give nearest town)	,	to tenom or six		,		A /
Westminster				Rural-M	t. Alry	O G
d. NAME OF HOSPITAL OR INSTITUTION (IF				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Carroll County C	eneral	Hospita	il	Route	2	YES NO D
3. NAME OF	First	Middle		Lost	4. DATE Monti	h Day Year
DECEASED (Type or print)	Baby	Boy Flem	ing	В	OF DEATH Octo	ober 19, 1966
S. SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Malem White	WIDOWED	DIVORCE		ctober19,		Manths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of wark do		ND OF BUSINESS OR	4 7 7	11. BIRTHPLACE (County 8	& Stote, or fareign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	IN	DUSTRY		Westmins	ter. Md.	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN N		
Kendall F	eming		1	Linda	Watkins	
		SOCIAL SECURITY NO.	17 IN	FORMANT	Addre	222
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give wor ar date	s of service)					
18. CAUSE OF DEATH (Enter only one of		None	VII.	Kendall	Fleming Same	e As #2 INTERVAL BETWEEN
last. PART II OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TE	HE TERMINAL DISEASE (ON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
OI N	4-1-1					YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	205. DE	SCRIBE HOW INJURY C	OCCURRED. (E	inter noture of injury in P	ort I ar Part II af item 18.)	
p.m.	While at work	at work	foctor	OF INJURY (Home, form, ry, street, office bldg., etc.)		(County) (State)
21. I certify that (6) (this h saw the deceased alive, on.	aspital) otteno	ded the deceased	from and that	deoth occurred of	to 10-7	7, 194, that (4 (we) I ond on the date stoted obo
22a. SIGNATURE	WH	rem	M.D.	PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Karl N	. Gree					Westminster, Mo
23a. BURIAL, CREMATION, 23b. DATE		23c. NAME OF CEM			23d. LOCATION (City or Tox	wn) (Caunty) (State)
REMOVAL (Specify) 10/22	/1966	Poplar	Spr	ings	Howard Co	o Md.
24. FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D	BY REGISTRAR 2Sb. RE	GISTRÁR'S SIGNATURE
C. M. Waltz Box	241 SV	keswille	5 Ma	DATE	DCT 2.4 1966	Thanks Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and only event, within 72 hours death.

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physician attending D.p. 2

VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearesh town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Last Month Day Year DECEASED OF (Type or print) DEATH 19 (0) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Days Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) wason 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: wh. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. 19. WAS AUTÓPSY PERFORMED? NO D 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 12/28 to 0/ 6 , 196, that (1) saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, Jown or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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PLACE OF DEATH		2. USUAL RESIDENCE (W		ution: Residence b	pefore edmission)
CARROLL	MARYLAND	. STATE ARVL	AND b. COUNTY	RETTE	DICK
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RU	RAL end give near	rest town)
URAL WESTMINSTER	5 YFARS	NEW	MARKET	0	6-6
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street eddress)	d. STREET ADDRESS			ON A FARM?
BOUTE #4 13	0X 319			1	ES NO
NAME OF First DECEASED	Middle		OATE Month	Day	Yeer
(Type or print) CARRIE	BANKENT		EATH OCTORE	n 7	1966
	NEVER MARRIED B	. DATE OF BIRTH12/11/	75 9. AGE (In years IF C	INDER 1 YEAR IF	UNDER 24 HRS.
FFMDLE White WIDOWED	DIVORCED		9 O yrs.	nths Days H	lours Min.
. USUAL OCCUPATION (Give kind of work 10b, KIN	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & S	tete, or foreign country)	12. CITIZEN OF W	HAT COUNTRY
Housewife Housewife		CARROLL	- MARYLAN	10. 10	SH.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
David J. Bankert		Alver	ta Stephan		
	OCIAL SECURITY NO. 17.	INFORMANT	Address	stminst	ter. Mo
is, no, or unkown) (If yes give we ror detes of service)	None Mr	s. Louise B.		12 Sul	livan I
18. CAUSE OF DEATH [Enter only one cause per lin					AL BETWEEN
PART I. DEATH WAS CAUSED BY:	EREBRAL	NASCULAI	n THONG	Ragic	2 WER
Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONT		EROTIC VA			WAS AUTOPSY PERFORMED?
				YES	
20a. ACCIDENT WAS UNDERLYING [20b. DESC OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert I o	or Pert II of item 1B.)		
20c. TIME OF INJURY Month, Dey, Yeer White Hour a.m. White et work	Not While fac	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	Of. (City or town)	(County)	(Stete)
21. I certify that (I) (this hospital) attend	ed the deceased from	OCTOBER 1960	5 to CICTOBER	19/0/4 that	(I) (we) la
saw the deceased alive or CTOBER	7 10 loh and the	death occured at 3.12M	from the causes and	on the date	stated abov
220 GIGNATURE 0 1 1 0 0		dodni oddarod dilginijimi			22b. DATE
11/0/1/1/ C/0/1/1	RA	ATTENDING MED.	OR PHYS.	10	7 SIGNE
22c, PHYSICIAN'S		22d. ADDRESS			106
DAMEL T. WELLI	VER.	WESTM	INSTER	MARY	LAND
BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23c	d. LOCATION (City, town o		(Stete)
REMOVAL (Specify)	Loudon Park	Crematory B	Baltimore. 1	. bN	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256. REGIST		E
. M. Waltz Boy 241 Sy	M Clirate	DATE OCT	1 0 1966 0	Charles!	udge

A (! ! !) STATE OF STA ROUGH SEELEN WEEK & JEARS - IN EXPLORED CAPITULE FRANKE ESP THE PARTY OF THE P A LYELIES LEADING THE WAY OUT OF THE WAY 10/7/60 A STAN WAS TO BE SEEN A TO SHEET AND Sylvery of the straight

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3994

CERTIFICATE OF DEATH

13997

PLACE OF DEA o. COUNTY		MARYLAND	o. STATE	Vhere deceosed lived, if institution: b. COUNTY	
	Carroll /N (If outside corporate limits, ond give neorest town)	c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL	ond give neorest town)
d. NAME OF HO	SPITAL OR INSTITUTION (II not in ho		d. STREET ADDRESS	ederick Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Kenneth	Middle Ronaldo	Lost Gilds	4. DATE Month OF DEATH Octobe	Doy Year
S. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH May 19, 1907	9. AGE (In years line) In the state of the s	UNDER YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
10o. USUAL OCCUPA during most of wor Bar	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Maryland	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	. Sherman Gilds		14. MOTHER'S MAIDEN M		
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES? vn) (II yes give wor or dotes of servi	16. SOCIAL SECURITY NO. 17	INFORMANT	Address S. Taneytown, M	arvland
Conditions, if rise to imme stoting the ulast.	F DEATH (Enter only one couse per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ony, which gove diote couse (o), nderlying couse (c)	Lente Con General Deura	arteri anti Ar	oselerosis Unioselus	INTERVAL BETWEEN ONSET AND DEATH Syr Syr
CATIO		BUTING TO DEATH BUT NOT RELATED TO	monary 2	ruphyseum	19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED			
	INJURY Month, Day, Yeor o.m. p.m. 19		LACE OF INJURY (Home, form octory, street, office bldg., etc.)		(County) (State)
	ertify that (I) (this haspital) e deceased alive on	attended the deceased from	at death occurred at	9 4 3, to 10/14 B:/SRM, from causes on	_, 19 <u>66,</u> that (I) (we) los d on the date stated obove
22o. SIGNAT	R. A. W	1º Vaugh.	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	10/15/66
22c. PHYSICI NAME (AN'S R.S.M.	claugh	22d. ADDRESS	neytown	Tud.
230. BURIAL, CREA REMOVAL (Sp Buria	ecify) Oct 17. 1		meterv	Taneytown, Ma	ryland
24 FUNERAL DIR		address uss & Son. Tanev	2So. REC'L	OT an and	TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then place remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and its pay event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13995	CERTIFICATE	OF DEATH		13998
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceosed lived, if institutio	n: Residence before admission)
	O. COUNTY CARROLL	MARYLAND	O. STATE MARY	BND b. COUNT	CARRALI
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outsi	de corporate limits, write RURA	I and give pegrest town)
	write RURAL and give nearest tawn)	3/5-60			
4	MIGNTOWN	YEARS		TOWN	1 - IC DECIDENCE
V	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \(\square\) NO
	NAME OF DECEASED (Type or print) BLANCHE	LOUELLA HA	9LTER	OF DEATH OCT	25 1966
S.		MARRIED NEVER MARRIED E	B. DATE OF BIRTH		Months Days Hours Min.
	/ VV V	VIDOWED DIVORCED	DEC 2,19	05 60 YIS.	
	. USUAL OCCUPATION (Give kind of wark done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	tote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10	HOUSEWIFE	OWN HOME	MAKYL	MIND	USA
13.	FATHER'S NAME T AND ADD	SEVILBICC	14. MOTHER'S MAIDEN NAI	7//=	
16	J SNADER L	DEVILBISS	LOUELLA	F166	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) ((If yes give war or dates of ser		NFORMANT	Address	
ì	NO	220-32-2847 WI	LBUK HALT	EN UNIONT	OWN IND
	CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY:	er line for (o), (b), ond (c).)	RIBAD	184	INTERVAL BETWEEN ONSET, AND, DEATH
	IMMEDIATE CAUSE (o) _	0.	15	A D	1/1
50	Conditions, if any, which gave) (b)	Thylange	a melas	uses, Lu	go Gruot
	rise to immediate cause (0), (DUE TO	t tweet			1 111 11
	stating the underlying couse (c)	andria			noviac
	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	PRUTING TO DEATH BUT NOT PELATED TO T	HE TERMINAL DISEASE CONDI	TION CIVEN IN PART 1(a)	19. WAS AUTOPSY
CATION	TAKT II. OTTEK SIGNIFICANT CONDITIONS CONT	NOTING TO DEATH BUT NOT KEEKED TO T	THE TERMITIME DISEASE CONDI	TION OVER IN TAKE 1(0)	PERFORMED? YES NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	t I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.	While Not While focto	CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	p.m. 19	at work U at wark U	Salar is	1/ 1/100	
	21. I certify that (I) (this haspite	l) attended the deceased fram	19	66 to CVZS	, 19,66, that (I) (+ye) lo
	saw the deceased alive on C	19.66, and that	death acturred at 1	OGTM, fram causes a	nd an the date stated above
	220. SIGNATURE	Deicker M.	D. PHYS. DI	ED. STAFF PHYS.	22b. DATE SIGNED 6
	22c. PHYSICIAN'S NAME (Type) W GLEW	* SPEICHER	22d DORESS	winste	my
230	BURIAL, CREMATION, 236 DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	n) (County) (State)
	BONNIAL OCT 28-	1966 METHOD	157	UNIONTOU	IN MD
24	FHINERAL-DIRECTOR -	ADDRESS /	2Sa. REC'D E		ISTRAR'S SIGNATURE

1966

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pryst, an and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after dept. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

Manager Commission and the Commission of the Com TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then nease emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEA	ALTH
- DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
40000	CERTIFICATE OF DEATH	12000

	13996 CERTIFICAT	E OF DEATH	13999
1.		2. USUAL RESIDENCE (Where deceased lived, I	Institution: Residence before admission)
	a. COUNTY () MARYLAND	a. STATE b. C	OUNTY O
1-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if butside corporate limits	write RIRAL and give nearest town)
	write RURAL and give nearest town)	1 1/ 1/1/1	The total and give nearest term,
-	Manchester . 340.	New Micway	- 10'2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Longo su Nusus Am		YES NO NO
3.			onth Day Year
	(Type or print) Navnie. Dilva K	laugh DEATH OCK	9 1966
5.	The state of the s	8. DATE OF BIRTH 9. AGE (In year	
	2 / A MANUTED THEVER MANUTED TO	act la lac a last birthda	
10	MUDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	180 4, 186 6 1 80 AL	
du	M. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign cou	ntry) 12. CITIZEN OF WHAT
	Prine wife Home	hedredly hel	_ 184.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Home Vilollane -	1000 Hames	1
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Ad	dress
YY	(es/no, or unkown) (If yes give war or dates of service)	1. 01/1/20	21 1 2
X	220-34 0651X	Word Hary Canks	Mohn m
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1.010	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	& Carle fluid Vascely	harry!
	442 Y DUE TO		
	Cenditions, If any, which) (b)		
П	gave rise to immediate		
	cause (a), stating the underlying cause last.		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 119. WAS AUTOPSY
CERTIFICATION			PERFORMED?
F	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part	YES NO
ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORRED. (Enter nature of injury in Part 1 of Part	II of item 16.)
CA	fact	ACE OF INJURY (Home, farm, 2Df. (City or town ory, street, office bldg., etc.)) (County) (State)
MEDICAL	nour a.m. While Not While p.m. 19 at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	21 (certify that (I) (this hospital) attended the deceased from	July 12 1966 to Oct 9	. 19 66, that (I) (we) last
		at death occurred at HA M, from the caus	
	22a. SIGNATURE	te death occorred at 22.1. In, from the caus	22b. DATE SIGNED
	Jahla/VX	ATTENDING MED. STAFF	10.79,1916
	22c. PHYSIGIAN'S M.	D. PHYS. DIRECTOR PHYS.	I deal Miles.
1/	NAME (Tree SCAL E. 13 ush MD.	HAM psteul	Maryland
23		Y OR CREMATORY 23d. LOCATION (City	, town or county) (State)
12	BORIA 10/11/66 MT HOI	PE WOODS Z	BORO MP
24	4. SUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
1	Reduell V Houtelow Woodslaw	MA DET 13 1966	actionles Judge
-	on a I range wouldow	MA I DATE ULI 13 1900	-

A short Control Marine Down Haugh Dayley with the x or your 1182 From Der Weige Herrie Tedentle Met regner Detections West Hopes I con sychold prode they for detaline his 100 Continuotration Charles Vocak how 11.63.15 16 an from I grater HAR Potent Maryland Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13997			CER	TIFICATI	E OF DEATH		1400	10	
1. PLACE OF DEATH o. COUNTY	roll			MARYLAND	2. USUAL RESIDENCE (Where decourse of STATE Maryland	1		efare admissi	on)
b. CITY OR TOWN	(If outside corporate limit	S,	c. LENGTH OF S		c. CITY OR TOWN (If autside corp		RAL and give ne	orest town)	
Rural) Sy	kesville	7	у 9т	18d	Baltimor	e		30=4	1-
	TAL OR INSTITUTION (If n)	d. STREET ADDRESS	Clinton	Street	e. IS RESII ON A F. YES	
3. NAME OF DECEASED (Type or print)	_	irst LWPENCE	Middle Jo	hn	Hesler HESS LABAN DEA	Mant Tr 10			66
s. SEX male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MAI	RRIED X	8. DATE OF BIRTH 7-27-1882	9. AGE (In yeors last hirthday) Yrs.	Manths Do	AR IF UNDER	R 24 HRS. Min.
10o. USUAL OCCUPATIO during mast of working Farm wo	N (Give kind of work done plife even if refired)		OF BUSINESS O	OR	11. BIRTHPLACE (County & Stote, at Maryland	fareign cauntry)	USA	N OF WHAT RY?	
13. FATHER'S NAME Adam He	sler_ HE		-	K el	14. MOTHER'S MAIDEN NAME		ERINE	. 7	
1S. WAS DECEASED EV (Yes, na, or unknawn) unknown	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	CIAL SECURITY N		Hospital Recor	Addre ds	ess		
	DEATH (Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Car	a), (b) and (c).)	fa	ilure			ONSET AND D	DEATH
Canditians, if an rise ta immedia stoting the und	y, which gave) te couse (o),	(b) <u>lrc</u>	onelle		preunopia	/		5 day	78
Withou 200. ACCIDENT W.	GIGNIFICANT CONDITIONS CONTROL SYNTAX UNDERLYING GIG COLOR CONTROL CON	ontributing to	se		THE TERMINAL DISEASE CONDITION G Ith senile brai			19. WAS AUTO PERFORM YES	OPSY MED? NO
20c. TIME OF IN.	Y MEDICAL EXAMINER) JURY Month, Day, Year		Not While of work		ACE OF INJURY (Hame, farm, 201 tory, street, office bldg., etc.)	. (City or tawn)	(Caunty)	(Stote)
21. (I cert	ify that (this ho deceased alive on_	spital) attende	ed the decea	sed from_ _, and the	1-6-1959 19 at death occurred at 1:50A	, to 10-24 •M, fram causes	, 19 <u>_66</u> and on the	that (*) ((we) la: d abav
220. SIGNATURI	nces Ro	1PQ:	alors) M	.D. ATTENDING MED. DIRECTOR			SIGNED 24-66	
22c. PHYSICIAN NAME (Typ		Reid Nal	oors, M	L.D.	22d. ADDRESS Sykesv Springfield S				
230. BURIAL, CREMAT. REMOVAL (Specif	12 10-26	-66		RED A	EART CEM. 740	LOCATION (City or To	1 60	BALT	State). O
24 FUNERAL DIRECT	S. Seiler	POIS CO	NKLTHE			2.6 1966		eles Ju	edge

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Titch please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, arcenoval, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13998

CERTIFICATE OF DEATH

14001

					TAAAA	
PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE (Where deceased lived, if instit b. CO		e odmission)
Carro	17	MARYLAND	Md.	0. 00	Carro	17
b. CITY OR TOWN (If outside con	porote limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write F	URAL and give neares	t town)
write RURAL ond give neores Union Brid	town)	9 vrs.		Bridge	1	6-1
d. NAME OF HOSPITAL OR INSTITU		give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE
Route #1			Route	#1		ON A FARM? YES NO 2
3. NAME OF	First	Middle	Lost		inth Doy	Year
DECEASED (Type or print)	rank	Shawn	Hoffecker	OF DEATH 10-	- 27	19 66
1 /1 1 /			B. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR	IF UNDER 24 HR
s. sex	WIDOWED		4-22-1891	last hirthday)	Months Doys	Hours Min.
10o. USUAL OCCUPATION (Give kind of		(IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN O	WHAT
during most of working life even if re ELECTRICAL Ex		YATZUUN			COUNTRY	
	igineer S	teel	Delawar		USA	4
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
David Hoffe	cker		Ella Jo	nes		
15. WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO. 1	7. INFORMANT		ress	
(Yes, no, or unknown) (If yes give w	or or dotes of service)					
no	21	3-07-1012	Marie B. H	offecker	Above	
IR CALISE OF DEATH (Enter of	nly one couse per line for	r (o), (b), ond (c),)		A .		ERVAL BETWEEN
PART I. DEATH WAS CAUS	ED BY:	inte corre	naw Or	chesion	ON	ELAND DEATH
PART I. DEATH WAS CAUS	IATE CAUSE (o)		mary Oc	clusion	ON	SECUND DEATH
PART I. DEATH WAS CAUS	DUE TO		mary Oc	clusion	ON	GARAGE
PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gove	DUE TO (b)		Cuterão s	clusion	ON	6 yrs
PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gove rise to immediate couse (a),	DUE TO (b)		autorios	clusion		6 yrs
PART I. DEATH WAS CAUS IMMED	DUE TO (b)		Cuterios e arterio	clusion clevosio Sc levosi		6 yrs
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO DUE TO DUE TO (c)	nonary				6yrs
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO DUE TO DUE TO (c)	nonary	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19.	6 yrs 0 yrs WAYAUTOPSY PERFORMED?
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO (b) DUE TO (c) CONTRIBUTING	nonary	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19.	6 yrs 0 yrs WAYAUTOPSY PERFORMED?
PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO DUE TO	conary neralize TO DEATH BUT NOT BRATED Cular		NDITION GIVEN IN PART 1(0)	19.	6 yrs 0 yrs WAYAUTOPSY PERFORMED?
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CO PART II. OTHER SIGNIFICANT CO OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAL	DUE TO (b) DUE TO (c) CONTRIBUTING DEATH WINER)	ronary ronary TO DEATH BUT NOT PRATED ESCRIBE HOW INJURY OCCURR	TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(o) Port I or Port II of item 18.)	19.	6 yrs 0 yrs WAYAUTOPSY PERFORMED? ES \(\sum \) NO \(\sum \)
PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CO OR CONTRIBUTING CAUSE OF (IF FITHER, NOTIFY MEDICAL EXAL.)	DUE TO (b) DUE TO (c) CONDITIONS CONTRIBUTING DEATH MINER) DOY, Yeor 20d. 1	TO DEATH BUT NOT PLATED ESCRIBE HOW INJURY OCCURR INJURY OCCURRED 20e.	TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(o) Port I or Port II of item 1B.) 1, 20f. (City or town)	19.	6 yrs 0 yrs WAYAUTOPSY PERFORMED?
PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CO PROBLEM OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAL 20c. TIME OF INJURY MONTH, I Hour o.m.	DUE TO DUE TO (c) DOEATH WINNER) DOEATH WINNER) DOEATH While While DOEATH Winner) DOY, Yeor DOY, Yeor While	TO DEATH BUT NOT TOLATED ESCRIBE HOW INJURY OCCURR INJURY OCCURRED Not While Not While	TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(o) Port I or Port II of item 1B.) 1, 20f. (City or town)	19.	6 yrs O yrs WAYAUTOPSY PERFORMED? ES \(\sum \) NO C
PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMPLE) BOTH CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMPLE) CONTRIBUTING INJURY Month, INDURY MONTH,	DUE TO (b) DUE TO (c) CONTRIBUTING CONT	TO DEATH BUT NOT ELATED ESCRIBE HOW INJURY OCCURR INJURY OCCURRED e Not While of work	TO THE TERMINAL DISEASE COL S S S ED. (Enter noture of injury in PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	Port I or Port II of item 1B.) n, 20f. (City or town)	l S /	6 yrs O yrs WAYAUTOPSY PERFORMED? ES NO (Stote)
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tempto carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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7#000	CERTIFICATE OF	DEATH		1003
I. PLACE OF DEATH G. COUNTY COMMON 3		SUAL RESIDENCE (Where de	ceased lived, if institution b. COUNTY	: Residence befare admission
d. COUNTY Carroll	MARYLAND 0.	Maryland		Frederick
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16 C. CIT	Y OR TOWN (If autside car		
(Rural) Sykesyille (Oy Om 18d	Frederick	2170	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, giv	e street address) d. ST	REET ADDRESS		e. IS RESIDENCE ON A FARM?
Springfield State Hospita	1	215 W. Pati	rick Street	VEC U UA U
B. NAME OF First	Middle	Last 4. DA		Day Year
(Type or print) Arthur Koog	-	DEA		7 19 66
6. COLOR OR RACE 7. MARRIED 7. MA		OF BIRTY 0-28-		FUNDER I YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
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	ICTRY	BIRTHPLACE (Caunty & State, o	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Ma	ryland		USA
3. FATHER'S NAME		MOTHER'S MAIDEN NAME		
Wartin Kepler		celia F. K		
(Ve on grunknown) (If we give war or dates of service)	OCIAL SECURITY NO. 17. INFORM		Address	
none 212		spital Recon	rds	
1B. CAUSE OF DEATH (Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ouchopuermonla			OHOET AND DEATH
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Canditians, if any, which gave (b) (b)				
stating the underlying cause				
last. (c)				I 10 MAS AUTODOX
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20b. DESC 20 OR CONTRIBUTING □ CAUSE OF DEATH	RIBE HOW INJURY OCCURRED. (Enter n	nature at injury in Part I ar	Part II at item 18.)	
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p.m. 12- at wark t	at wark — — —		•	
21. I certify that (this hospital) attended	d the deceosed from 9-1	9- , 1966	, to 10-7	_, 19_66 that ∰ (we) los
sow the deceosed olive on 10-7	19_66 ond that deat	n occurred of	M, from couses or	on the dote stoted obove
22a. SIGNATURE		TENDING MED.	STAFF F	10-7-66
22c. PHYSICIAN'S	, 12	YS. LI DIRECTO	cesville, M	
NAME (Type) Heinz H. Klaatso	ch M D	~ 11		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMAT	opringfield	LOCATION (City or Town	
REMOVAL (Specify)	Mt. Olivet Cemet	n and the second	Frederick,	
Burial Oct. 10-1966	ADDRESS WAY	2Sa. REC'D BY REG	ISTRAR 2Sb. REGIS	STRAR'S SIGNATURE
TXIDAGA 1.	rederick, Md. 218			Carley Judge
		- PARTIES -	V 19 9 6 72	VA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	(c)		200							
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UNDERLYING		SCRIBE HOW INJURY OCC	JRRED. (Ente	er noture of injury in	Part I or I	Part II af item 18.)				
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	20d. IN	JURY OCCURRED 2	De. PLACE O	F INJURY (Hame, farm	n, 20f	. (City or tawn)	(Co	unty)	(5	State)
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N 226 DATE THE	PEOE	T 22 NAME OF CEMETE	DV OR CREA	AATODY	1 224	LOCATION (City or T		(Country)	150	ate)
III, ZJU. DAIL IIIL		23C. NAME OF CEMETE	IN OR CKEN	MAITURI	230.	EUCATION [CITY OF I	awn)	(CODITIA)	[3]	
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

P O 18	OLICI I IOATI	OI PENIII	CAHHA
1. PLACE OF DEATH a. COUNTY Carrol	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, a. STATE b. (Maryland	if institution: Residence before admission) COUNTY Carroll
b. CITY DR TOWN (if outside corporate limits write RUPAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits Near Westminster	
Address Hospitation institution (if no	In hospital, give street address)	d. STREET ADDRESS Mailing Add Littlestown, Pa. R.	
3. NAME DF DECEASED (Type or print) Service First Plotter First	A. Middle		Ponthy 19 ay Year 19 66
Many last with	RIED NEVER MARRIED NEVER DIVORCED DIVORCED	9. DATE OF BIRTH 9. AGE (In ye last bit the	ars IFUNDER 1 YEAR IFUNDER 24 HRS. A
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Nelson Koontz 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY ND. 17.	Ida Rinaman	ddress B B
(Yes, no, or unkown) (If yes give war or dates of service)	219=01=4559 Was		R. D. 1
18. CAUSE DF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Gent	al beligion after the selection of the point of the terminal disease condition give	INTERVAL BETTEEN ONSET AND TEATH NIN PART L(a) 119: WAS AUTOPSY
L 20a ACCIDENT WAS UNDERLYING [] 1.2		RRED. (Enter nature of injury in Part I or Part	PERFORMED? YES NO
Hour a.m.		CE OF INJURY (Home, farm, 20f. (City or tow y, street, office bidg., etc.)	n) (County) (State)
21. I certify that (I) (this has ital) at saw the deceased alive on the latest that the same than th		death occurred 12.25 M, from the cau	
22a. STANATURE Hast	M.D		22b DATE SIGNED
22c. Pyrysician's NAME (Type)	4991N	Westminster, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREDI REMOVAL (Specify)			ty, town or county) (State) n, Carroll Co., Md.
Burial 10/19/60	ADDRESS	25a. REC'D BY REGISTRAR 25b	
Xichard A. Illi	Littlestown	Pas DATE OCT 19 1966	perarles judge

VR A15 (4) 20M 1/65

Partell J L L V Total Es 1 of 1.12.00tc , 24. N. 1. 1 ULLIC V Y Y X UK. F. A 1.7 21 00 15 tz SILVE UIT, CELECULOS, CA ot. Erye of ecery . i. Jasio. 1, .i.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14007

~ 400					
PLACE OF DEATH					ion: Residence before odmission)
o. COUNTY Carrol	1	MARYLAN	o. STATE Maryland	b. cour	ntgomerv
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 16		side corporote limits, write RUI	
write RURAL or Svkesv	d give neorest town)	lyr.llmos.29	Toleans	Dowle	15 2
	TAL OR INSTITUTION (If not in h		d. STREET ADDRESS	rark	e. IS RESIDENCE
				112	ON A FARM?
	field State H		805 Hou	ston Avenue	YES NO X
NAME OF DECEASED	First	Middle	Lost	4. DATE Mont	th Doy Year
(Type or print)	JAMES	WILLIAM MC	ELFRESH	DEATH Octo	ber 19 19 66
SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male	White W	IDOWED DIVORCED	21888	7 yrs.	months boys hours min.
	N (Give kind of work done	10b. KIND OF BUSINESS OR		Stote, or foreign country)	12. CITIZEN OF WHAT
	life, even if retired)	INDUSTRY			COUNTRY?
FATHER'S NAME	layer		Washington 14. MOTHER'S MAIDEN N	AME	U.S.A.
) (T) 0				
	McElfresh		Cecelia F		
WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT	Addre	
No	(If yes give wor or dotes of serv	Unknown	Records, Sprin	gfield State	Hospital
18. CAUSE OF E	EATH (Enter only one couse pe	r line for (o), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEA		Subacute bacteri	al endocarditi	8	ONSET AND DEATH
422	DUE TO				1107 5
Conditions, if on	111	Arteriosclerotic	anadi avacaul s	m di anno	yellow to the department of
rise to immedio	te couse (o),	WE BELL OP CIT SEED PIC	: Carulovascule	us at sease	years
stoting the und	eriying couse	0			- DE BERT
		Generalized arte		Name and the second of	19. WAS AUTOPSY
Chronic	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED me associated wi	th completely	DITION GIVEN IN PART 1(0)	PERFORMED?
behay	ioral reaction				S WI OH YES NO E
20o. ACCIDENT W	AS UNDERLYING	205. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort I or Port II of item 18.)	
	G CAUSE OF DEATH (MEDICAL EXAMINER)				
	URY Month, Day, Yeor	20d. INJURY OCCURRED 20e	e. PLACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
Hour o	m.	While Not While	foctory, street, office bldg., etc.)		
	H).	ot work LI ot work LI	70 00 61. 10	1. 10 70	£6 10 Abot (1) () In-
21. I cerr	ity that LAL (this nospital) attended the deceosed from	m <u>10-20-64</u> , 1 thot deoth occurred at	35 Ballon course	.66, 19, that (I) (we) los and on the date stated above
30 11 1110	leccorded dilive on	19, 0110	mor death accorded are	TWI, TITUTH COUSES	
22o. SIGNATURE	11 htais	a /Nici		MED. STAFF	22b. DATE SIGNED
	Mario	a / ang		DIRECTOR PHYS.	
22c. PHYSICIAN' NAME (Typ	,			pringfield St	•
	Octavio A. R	uiz, M.D.	S	ykesville, Ma	ryland
BURIAL, CREMAT		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or To	wn) (County) (Stote)
REMOVAL (Specif	Pol 24.1	966 Mounta	level Cemelis	Washer	ralm, DC
EUNERAL DIRECT	DR/14- 254	Page ADDRESS AS			GISTRAR'S SIGNATURE
albutch	allers Wach	CHONE TO	20012 DATE 00	T 2 4 1966	Milarles Judge
and the same of th	PUVCHE	Commercial	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	· /	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

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DECTON CIDELL BUILDINGE WARVIAND 21201

140		TICAL RESEA	CERTIFIC	ATE OF DE		more, marre		800	
1. PLACE OF DEA a. COUNTY	Carroll		MARYLAN	a. STATE	SIDENCE (Where deceo	sed lived, if institut b. COU		efore odmissi	ian) /
Sykesvi d. NAME OF HO	VN (If outside corporate limit ond give neorest town) 11e DSPITAL OR INSTITUTION (If not state)	ot in hospitol, g		d. STREET AD		city	RAL and give ne	e. IS RESI ON A F	JOENCE FARM?
3. NAME OF DECEASED (Type or print)	Geor	irst	Middle Adam	Lost Miller	4. DATE OF DEATH	Mont		8 19	ear 66
s. sex Male	6. CDLOR OR RACE White	7. MARRIED WIDOWED	■ NEVER MARRIED [DIVORCED [B. DATE OF BIR		O yrs.	Months Do		R 24 HRS. Min.
10a. USUAL OCCUPA during most of work Pharmac 13. FATHER'S NAM	ME .	Miller	ND OF BUSINESS OR DUSTRY	May 14. MOTHER!	CE (County & Stote, or for Vland MAIDEN NAME Thelmina	Wendel	COUNTI	N OF WHAT RY? U.S.	Α.
	DEVER IN U.S. ARMED FORCES? wn) (If yes give wor or dates 1919	of service)	SOCIAL SECURITY NO. 12-07-6071	17. INFORMANT Springfie	ld State H	Address (Ospital)			
	OF DEATH (Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE			neumonia				ONSET AND	DEATH
rise to imme	any, which gave diate cause (a), underlying cause	(b)U E 10 (c)	Jrem <u>i</u> a						
S	er significant conditions			TO THE TERMINAL D	DISEASE CONDITION GIVE	EN IN PART 1(o)		19. WAS AUT PERFORM YES	
20o. ACCIDENT	T WAS UNDERLYING	205. DES	SCRIBE HOW INJURY OCCUR	RRED. (Enter nature of	f injury in Port I or Por	rt II of item 1B.)			

(IF EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED 20c. TIME OF INJURY Haur a.m. While Not While

20e. PLACE OF INJURY (Home, form, (City or town) 20f. foctory, street, affice blda., etc.)

(County) (State) 19 66 that (1) (we) last 19.66 to 70-8

ZI. I COILINY II	ini fil (iiii) iins	pilary union	idea ille decease	u mum			11 200	10-	7		_, , ,, , , , , , , , , , , , , , ,	1 4101
saw the decea	sed alive an_	10-8-	y 156 .	, and that a	leath accur	red a	18:20	M, fro	m cau	ses ar	nd an the date state	d ab
22o. SIGNATURE	/ /	11.	6	11	ATTENDING	1	WED		CTACE		22b. DATE SIGNED	
KI	Cr 111	61	nul	M.D.			MED. DIRECTOR		STAFF PHYS.	00	10-8-66	
22c. PHYSICIAN'S					22d. ADDR	ESS						
NAME (Type)	Comlos	a T	Ozića.		Canada	~63	-74 64	4 .			C-1	26.2

BURIAL, CREMATION, REMOVAL (Specify) 230.

MEDICAL

23b. DATE THEREOF 10/12/66.

Carlos

23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

Springfield State Hosp, Sykesville Md 23d. LOCATION (City or Town)
Baltimore, Md. (County) (State)

Ruck Inc., Balto. Mapress 21214

Lavin

1966 2So. REC'D BY REGISTRAR

and 2 death **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificote be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. physicion and completely filled in by the funeral ase remove corbon popers. Poges 1 nd in ony event, within 72 hours affer Poges edse director, page 3 should be detoched for use as the buriol-transit permit. Then by should be filed with the State Dept. of Health prior to buriol, cremation, or removed. signed by the attending buriol-transit permit. The TO FUNERAL DIRECTOR: After this certificate hos been

VR A15 (4) 20 M 1/66

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		dust in the second	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1400	6		CERTIFIC	CATE	OF DEATH			141	nf) o			
	LACE OF DEATH COUNTY Carroll			MARYLA	ND D	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Maryland Baltimore							
b	CITY OR TOWN (f outside corporate limit	5,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)							
	write RURAL and	give nearest tawn)		2	3 4	(2)							
	NAME OF HOSPIT	AL OR INSTITUTION (If no	at in hospital.	7yrs.2mos.	Tay	Baltimo					e. IS RESID	DENCE	
						ON A FARM?							
		eld State I				616 Dal						NO 🛖	
0	AME OF ECEASED		rst NDC	Middle		Last	4. DAT		Month	Day			
	Ype or print)	FRANC		SLATER		MINSKE	DEA		tober	11	19 IF UNDER	66	
		6. COLOR OR RACE	7. MARRIED		☐ B	DATE OF BIRTH		9. AGE (In yea		Days	Hours	Min.	
	remale	White	WIDOWED			05-28-20	6		rs.				
		(Give kind of wark dane		KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County	& State, o	r fareign country)		OLINTRY 2			
uoi i	during most of warking life, even if retired) Housewife INDUSTRY					Florida			U.	OUNTRY?			
13.	13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME						
-	William S. Lining					Rayna S	Slate	er					
IS.	WAS DECEASED EVE	17. IP	INFORMANT Address										
(Yes	No. or unknown)	(If yes give war ar dates o	of service I	262-18-0740	Re	cords. Spri	nof	ield Sta	te Hos	ni ta			
		ATH (Enter only one cau				, 001 ac, -pr.		2014 - 04	1100		ERVAL BET	WEEN	
		H WAS CALISED BY.		ta myocardia	7 4 -	fanation				MAR	SET AND D	EATH	
	4201	DUE		os my ocal ula	4 4	Har Gbi ui		- 3) - 74		Yea			
	Conditions, if ony,			onary arteri	nscl	arneie with	h to	+ [enima	haomba				
	rise to immediate	e cause (a),		mary ar our	.0003	TOTOSIS MI OF	1 00.	INTIIGIT O	The Military	3 1111	Invas		
	stoting the under	dying couse	(c)										
		CHIEICANT CONDITIONS	***	TO DEATH BUT NOT RELAT	rn to to	UE TERMINAL DISEASE CON	IDITION C	TIVEN IN DART 1/-	.\	110	WAS AUTO	DEV	
NO				paranoid typ		Diabetic sl				34 3	PERFORM	ED?	
SATI										Y	ES 🔼	NO	
RTIFI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	205. [DESCRIBE HOW INJURY OCCU	URRED. (Enter noture of injury in	Part I or	Port II of item 18	.)				
U CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL CERTIFICATION	20c. TIME OF INJU Hour o.n p.n	1.6	20d. Whil	e Not While		E OF INJURY (Hame, farm iry, street, office bldg., etc.)		f. (City or tow	n) (C	ounty)	(State)	
				nded the deceased fr	nm	8-10-59	9	, to 10-11	-66 19	tł	nat (1) (we) last	
		eceased alive an	10-11-	-66 19 an	d that	death accurred at	8:30	MMfeam cau	ses and an	the dat	e stated	abave.	
	22a. SIGNAYDRE 22b. DATE SIGNED												
	Do la	novous	is t	Malin	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	D 1	0-11.	-66		
	22c. PHYSICIAN'S		/	1		22d. ADDRESS SI				ospi	al		
	NAME (Type)	Antonius	Glahn	M.D.				ville, M					
230	BURIAL, CREMATIO			23c. NAME OF CEMETE	RY OR C			LOCATION (City of		(Caunty		tote)	
REMOBILITIES 10/14/66. Gardens of Fait								nore, N		, ,	-/		
24	FUNERAL DIRECTO	20/2	, 50.	ADDRESS	. A CL.	2Sa. REC'I			REGISTRAR'S	SIGNATUI	REA #	. 0	
	conard J. Ruck Inc. Balto. Md. 21214												

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then rease remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remarks to may an ony event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. remove corbon papers. Pages 1 and 2 n ony event, within 72 hours after death. Poge 4 may be retoined by the hospitol or ottending physician.

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VR A15 (4) 20 M 1/66

A3621 Color St. THE STATE OF THE PARTY OF AND RESERVED TO ab reof The Honey invited as a black product of the control NAMES I A RESIDENT TO A PROPERTY OF THE PROPER AND DESCRIPTION OF THE PROPERTY OF THE PROPERT animal animals tended didn't to make the second of the second HOLD APPRECATE TO Mean I. I con The Street of the Street of the Street TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate—be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISIO	N OF STATISTIC				PARTMENT OF			MORE 1, M	ARYLAND
	14007			CERTIF	FICAT	E OF DEATH	1		14	010
1.	PLACE DF DEATI a. COUNTY	OLL CO.		MA	RYLAND	2. USUAL RESIDENCE a. STATE MARY		b. 0	OUNTY	esidence before admission) RROLL
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te Ilmits,	c. LENGTH OF ST		c. CITY OR TOWN (If	outside c	orporate limits		and give nearest town)
K	3	ESTMINST SPITAL OR INSTITUTION	,	7 /RS	address)	RURAL, I	WEST	MINST	ER	e. IS RESIDENCE ON A FARM?
	Box 2	255 RT#1	WES	TMINSTE	FR	BOX 255	RT	#1 NES	TMINST	ERYES A NO
	NAME OF DECEASED (Type or print)	1/2-11-0	INE J	Middle 10HANNA	NEY	Last HMSMANN	4. DAT	-	onth	Day Year 30 1966
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		8. DATE OF BIRTH		9. ACE (In ye last birthd		Days Hours Min.
	EMALE	ION (Cive kind of work	WIDOWED			APRIL 6, 190		57 yr	s.	
dur	Ing most of work	ing life, even If retire	d) 10b. I	KIND OF BUSINESS	OR	BALTIMO	RE,		CO	TIZEN OF WHAT UNTRY?
-	FATHER'S NAM	The same of the same of				14. MOTHER'S MAID		C. 11-		
		ALBERT EVER IN U.S. ARMED FO				CAROLI	INE	EIKEN		
		(If yes give war or dates o		. SOCIAL SECURITY		INFORMANT LOUIS J. M.	VEHM			DARESS
		DEATH [Enter only on		line for (a), (b), and	(c).]	11 1				INTERVAL BETWEEN ONSET AND DEATH
	ILILO J	ATH WAS CAUSED BY IMMEDIATE CAUSE		Ceretre		Hemenn	ge			5mm
	Conditions, If	DUE	TO Ithe	-0.10.0000	Could	a Menula.	1014	sale		15 Media
	gave rise to	Immediate ((b) (dox)	aciensina	anu	No Verigicus	Dan	iace		1- genes
	cause (a), st underlying caus	ating the	(c)	73 F 7						
CERTIFICATION	PART II. OTHER S	CICNIFICANT CONDITION		UTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL D	DISEASECO	ONDITION CIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING D NG D CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW IN	JURY OCCU	IRRED. (Enter nature of	f In]ury In	Part I or Part	II of Item 18.	
MEDICAL	20c. TIME OF I Hour a.n p.r		Year 20d. While		20e. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f.	(City or town	n) (Cou	nty) (State)
2		y that (I) (this hosp			from 1	0-3 .19	962 t	0 10 - 3	0 . 196	6. that (I) (we) last
	saw the dec	ceased alive on				death occurred at				
S	22a. SICNATUR	RE PP	1	to	OF T	ATTENDING	MED.	STAFF	22b. D/	ATE SICNED
Ш	22c. PHYSICIA	N'S A	10	rus	M.D	PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	11/0	131/66
	NAME (Ty	rpe) L.L	POT	TER	WD	LITT	TLE	STOW	NIPA	}.
232	BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE (clfy)	HEREOF 66	HOLY RE	CEMETERY	OR CREMATORY WER CEM	-	LOCATION (CIT	y, town or cou	nty) (State)
24	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE									
	2. E. myers, De Westminster med DATE NOV 2 1966 Policyles Judge									

VR AI5 (4) 20M 1/65

TENDOL RICERT FIRMER

H003E-144FE

THEREBED CARROLL

KINDEL WESTMINITED TIRE, RUTHE, WESTMINITER

BOX 255 RT# NESTAINSTEA BOX 255 RT#1 RESTAINBER W

KATHARINE JUHNNA WEHMEMANN OCT 30 6

FENNEE WHITE LS 600 9 mates

1757 CA 274 145

CHROLINE EXENDED

MP. LEWY J. ABANSABANY JR. ADVERSE

Self-resident and the self-resident and the

BURDAL II/2/66 HOLF REMERIER CEM. BALTIMERE M

2.5 Treases to 1885 months not a court 2.0

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1400×	CERTIFICATI	E OF DEATH		IZUAI
		PLACE OF DEATH O. COUNTY C. COU	Co - MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	nere deceosed lived, if institution: Res	sidence befare admission)
1	b	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corparate limits, write RURAL and	
	9	write RURAL ond give negrest town)	8 mon.	R#2 Em	mitslura	10.0
)	I. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
2	S	S. Hospital.				ON A FARM? YES X NO
		NAME OF First	EdgaMiddle	Lost	4. DATE Month	Doy Year
		Type or print) N. 1 119 M	FJAR (I JOR	DEATH ACE (In worst IE IIN	DER 1 YEAR IF UNDER 24 HRS.
	5. S	Λ	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In yeors lost birthdoy) Mont	hs Doys Hours Min.
		USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &		2. CITIZEN OF WHAT
	durir	ng mast of warking life, even if retired)	INDUSTRY	Emmitsh	urg ma (Fred)	COUNTRY?
r	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	.ME	
	0	hler John E.		Willas	ad, Catha	RINE
		WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
	(10:	s, na, ar unknawn) (If yes give wor or dates af servi	217-12-1985 A	Hospita.	Records	
ä		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH
H		3 days				
		#201 DUE TO	pot 1.1.	1	, ,	f. c. sec
		Canditions, if ony, which gave nise to immediate couse (o), (b)	ARTORIO Sclerotio	CARLIO VASC	WAR OLIGABLE	1.9 KARS
		stoting the underlying couse lost.				OF REAL PROPERTY.
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	RUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(n)	19. WAS AUTOPSY PERFORMED?
	TION	CA ac bladded	DOT NOT KESTED TO	THE TERMINAL PROPERTY COMP	THOU ON EN IN TAKE 1(0)	PERFORMED? YES NO NO
-	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	art I ar Port II of item 18.)	1.60
	CERT	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year		ACE OF INJURY (Hame, form,	20f. (City ar tawn)	(County) (Stote)
	ME	Hour a.m. 19	While Not While of work	ctory, street, office bldg., etc.)		
7		21. I certify that (I) (this hospital)				19 6 that (I) (we) la:
		3044 THE deceased office an _7 v 7	19 66, and the	at death occurred at 🗷	2:40 M, from causes and o	
ì	1	220. SIGNATURE OF TALLER TV			MED. STAFF	b. DATE SIGNED
1		22c. PHYSICIAN'S		I.D. PHYS. LJ D	DIRECTOR L. PHYS. L.	0116166
		NAME (Type) Sam P. Y	Vise III	SSH	Sykesville	Md
ij	230.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		Burial Oct. 19, 19	66 Mt. View		Emmitsburg, Frede	erick Co. Md.
1	24.	FUNERAL-DIRECTOR	ADDRESS		BY REGISTRAR 256. REGISTRA	R'S SIGNATURE Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pigose remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or ottending physicion.

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BET ALL HOUSE SERVICE A PARTY FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal and in event within 72 hours after death.

VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL FXAMINER'S CERTIFICATE OF DEATH AND 1/2 MEDICAL EXAMINER'S HOUSE DECIDENCE (Where decored lived 16 Institutions Decidence before admission) 11 0

	a. COUNTY			a. STATE	b. COUNTY	
131	Carroll		MARYLAND	Md.	Balti	
	b. CITY OR TOWN (If outside cor write RURAL and give nearest	porete limits, c. LENGTH	OF STAY IN 15	c. CITY OR TOWN (If outs	lde corporate limits, write	RURAL end give nearest town)
	Hampstead	A	pprox.lhr.	Glynd	on Ma.	03.2
	d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hospital, give	street address)	d. STREET ADDRESS	1110	e. IS RESIDENCE ON A FARM?
00	Carroll County Ge	eneral Hospital		Butler		YES NO X
	3. NAME OF DECEASED (Type or print)		PEA	RE 4.	DATE Month OF DEATH OCT	Day Year 19 66
	5. SEX 6. COLOR OR RA	ACE 7. MARRIED NEVER	MARRIED 8.	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	Male White	WIDOWED [DIVORCED 1	Jarch 29,19/2	24 yrs.	
	10a. USUAL OCCUPATION (Give kind of a during most of working life, even if re Uperator-Machin	etired) INDUSTRY	INESS OR	11. BIRTHPLACE (Stete		12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
1	William K.	Pearre		Fern Bi	sser	
	15. WAS DECEASED EVER IN U.S. ARMI	EDFORCES? 16. SOCIAL SEC	URITY NO. 17. II	NFORMANT	Address	Pikesville 8, Md.
	None	212-40-	7986 Mr.	Thomas H. Per	pre 708 Temp	lecliff Rd.
	18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSE IMMEDIATE CA	ly one cause per line for (a), (Meck	3	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which \	DUE TO				
	gave rise to immediate	(b)				
	cause (a), stating the underlying cause last.	DUE TO				
347		DITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATE	ED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY
1	ATIO					PERFORMED?
U	PART II. OTHER SIGNIFICANT CON 202. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING [1 20b. DESCRIBE H	OW INJURY OCCUB	RED. (Enter nature of inju	iry In Part I or Bart II of I	
M	O ONDOE OF BENTIN	Cark	anoff	Road &	linek fo	legupsey-
N.	20c. TIME OF INJURY Month, Hour a.m. /6-/S		DRRED 200 FACE	OF INJURY (Home, farm, street, office bldg., etc.)	Haufsle	(County) (State)
10	21. I certify that I took cl			an Autoney In	spection X, Inquiry	and In my opinion
	death resulted from: Na		ent X, Suici		Undetermined m	
	death resolted from: Na	toral causes Accid	cite A, outon	CHIEF MEDICAL EX		
	ACTUAL SIGNATURE Willen	De Per	cher	_M.D. ASSISTANT MEDICA		22. DATE SIGNED
2	EXAMINER'S			DEPUTY MEDICAL	2. 1700 4 7.	uster Curroll
	NAME (Type) / 23a, BURIAL, CREMATION, 23b, D	DATE THEREOF 23c. NA	ME OF CEMETERY (iy, town, let county //// 23d. LOCATION (City, tow	n or county) (shede)
0	REMOVAL (Specify)		dlawn Ceme		Woodlawn, Md.	, , , , ,
R	24. FUNERAL DIRECTOR		RESS/		BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
6	Frank H	Hewell Pr	Reside	8 MA DATE OCT	20 1966 20	Charles Judge
	1	17		/		110

Tro-/i-Market of the state of the stat 10.15 11-15 16 The Walter C. Hampfeller Company the same and the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Carroll Maryland Baltimore City MARYLAND the funeral 5 may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Lyr. Lmos. 3dys. Sykesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE any delay is 1 2, and 3 to ti PM3. Page ON A FARM? State Springfield State Hospital 700 McKewin Avenue YES NO T NAME OF Middle Last DATE Month 4. DECEASED the Sophia Stella Poehler October 25 19 66 (Type or print) DEATH 2 with within 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 24 hours after death. If in Item 18. Give Pages 1, Office along with form NEVER MARRIED Jast birthday) Months | Days Hours | Female White 11-11-77 WIDOWED K DIVORCED and a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Behling Dorothy Haupt TY MEDICAL EXAMINER: This certificate should be executed within 24 hor execute the certificate, writing the word "pending" in pencil in Item ?. Page 4 should be forwarded to the Chief Medical Examiner's Office if or your files. 15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 17. INFORMANT Address permit. I No Records, Springfield State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Septicemia days IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which Multiple infected sores weeks gave rise to immediate DUE TO cause (a), stating the used as a l to burial, c underlying cause last. PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic brain syndrome, associated with senile brain disease, without 19. WAS AUTOPSY PERFORMEO? YES . NO X Fracture, left hip

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

Patient found to have swollen left leg and foot, cause qualifying phrase 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. or or Pile unknown on 8-29-66 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 3 shou agent, TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Springfield State Hour -a-m-While at work at work Sykesville, Carroll. Md. 5:30 CTOR: Page designated 1966 Inspection X, 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion DIRECTOR: Undetermined manner death resulted from: Natural eauses 17 kg Suicide Homicide Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER -66 OL 25 FUNERAL I DEPUTY MEDICAL EXAMINER please ex director. retained 1 **EXAMINER'S** Glenn Speicher, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or c (State) 23a. BURIAL, CREMATION. 0 0 REMOVAL (Specify)
Burial Baltimore, Maryland Oct. 28, 1966 Baltimore National 24. FUNERAL DIRECTOR
Wm. Cook-Brooks, Inc. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

St. Paul

Baltimore 2, Maryland

1217

25a.

VR A15ME 3500 4-64

The later of the cold of the later of the la Y - 1416 I will be a selected to the selected dalamati arang utang panggang akabatan dalamati THE RESERVE OF THE PROPERTY OF caches that are the far religious word on parts described a loss of Million to the open of the state of the stat Redword Control of the Control of th

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Carroll Maryland Frederick MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) carban papers. Pagent, within 72 haurs Rural--Sykesville ly. lm. 7d. Woodsboro e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled in ! YES NO TE Springfield State Hospital none requires that the death certificate be executed within Year 4. DATE Month 3. NAME OF Middle Doy DECEASED 19 66 Bell Quick 10 Ada DEATH (Type or print) IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED emave lost birthdoy) Months Doys Hours May 1988 X female white DIVORCED WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Washington Pettenger unknown 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) ((If yes give wor or dotes of service) 220-54-6282 Springfield Hospital records. Sykesville, Md. signed by the atter burial-transit perm burial, crematian, a no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g) (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse the lost. WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? detached far use te Dept. of Health p NO FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far ur 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While Hour o.m. of work ot work 1966, that to (we) last , 1965 ta 21. I certify that A (this haspital) attended the deceased fram. directar, page 3 shauld shauld be filed with the 1966, and that death accurred at 22 M, fram causes and an the date stated above. saw the deceased alive ap 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. 10/9/66 DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Springfield State Hospital NAME (Type) Carlos G. Lavin. M. Sykesyille Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) Creagers town Fred. 23b. DATE THEREOF 23o. BURIAL, CREMATION Creagerstown Cem. PEMOVAL (Specify) 10-13-66 0 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Raymond E. Creares FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 kevenoul

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14012

CERTIFICATE OF DEATH

14015

- 1									the man distance of		
1		PLACE OF DEATH D. COUNTY	Carroll			WI 4416	O STATE	Where deceosed lived, if instib. Cov.	itution: Residence DUNTY	e before odmissio	in)
3	b	o. CITY OR TOWN (If outside corporate limit	5.	c. LENGTH OF STAY	YLAND IN 1b		y Larro utside corporote limits, write	RURAL ond give	neorest town)	
	_		d give nearest town)		5mo. 22				The same of the sa	201	
			AL OR INSTITUTION (If no	ot in hospitol.	give street oddress)	days	d. STREET ADDRESS	re	1.3	e. IS RESID ON A FA	DENCE
2			ld State Ho		,		7 11 1200 1000 1000	noak Avenue			NO 5
	3. N	NAME OF		rst	Middle		Lost	4. DATE M	onth	Doy Yes	or no
	(Type or print)	Anna		Ernestine	Re	einhardt	OF DEATH	10	10 1%	6
	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)		YEAR IF UNDER	24 HRS.
	fe	emale	white	WIDOWED	DIVORCE	0	10/11/88	77 yrs.		Doys Hours	Min.
			(Give kind of work done		KIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County	& Stote, or foreign country)		ZEN OF WHAT	
	aurii	ng most of working housewii			housev	wife	Maryland	d	(00	USA	-
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME	921217		
	I	Henry Ber	rger				Catherin	ne Comes			
			R IN U.S. ARMED FORCES?		. SOCIAL SECURITY NO.	17. 1	NFORMANT	Ad	ldress		
	(163	es, no, or unknown) (If yes give wor or dotes of service) none Springfield Hospital records, Sykesville									
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)									
										days	EATH
		7230	DUE								
		Conditions, if ony		(b)D	ecubitus u	lcers	due to def	forming arthr	itis	months	
		rise to immediate couse (o), stoting the underlying couse DUE TO									
		lost.)	(c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Chronic brain syndrome associated with senile brain disease with							19. WAS AUTO PERFORM			
0	ATIC	psychol	tic reaction	rome a	ssociated	with	senile brai	in disease wi	.th		NO E
	MEDICAL CERTIFICATION	2Do. ACCIDENT WAS			DESCRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port I or Port II of item 18.)		125	
	3		JRY Month, Doy, Yeor	2Dd.	INJURY OCCURRED	2De. PLA	E OF INJURY (Home, farm	n. 2Df. (City or town)	(Cour	nty) (Stote)
	MED	Hour o.r	n.	While at wor			ory, street, office bldg., etc.)		The second		
	1	21 1 certi	fy that (25 (this has			fram	1./18/ 1	19.66_to70/	70/ 196	6, that (1) (1	we) last
			eceased alive an_	10/1	0/ 1966 ,	and tha		7:30 M, from cause	es and an th	e date stated	abave.
		220. SIGNATURE	r 0 1	7	1 /	//	4.777.110.1110	McD CTICE		TE SIGNED	
		MA	19 b - 10	Juni	Amse	M.	D. PHYS.			11/66	
		22c. PHYSICIAN'S			7 7 7		22d. ADDRESS	Springfield			
		NAME (Type	Naci N.	buyuku	nsal, M. D	•		Sykesville,	Marylan	id	
	230.	BURIAL, CREMATIC		EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCATION (City or	Town) (, ,,	tote)
		REMOVAL (Specify	10-13	-1966	Lerusal	em Ce	metery	Baltimore		Mc	d.
1	24.	FUNERAL DIRECTO	IR		ADDRESS		(3/ 250. REC'I		REGISTRAR'S SIG		
R	I	assaln	Tuneral	Hone	7401Below	Rom		CT 14 1966	Milian	les Judo	22

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Empletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be,

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A Maria Mari

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	1401	2	CERT	IFICATE	OF DEATH		14	1016	
	1. PLACE OF DEATH O. COUNTY		M	ARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if i	nstitution: Residence COUNTY Car	e befare admission)	
	b. CITY OR TOWN Write RURAL of TM 3	(If outside carporate limits, and give nearest tawn)	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If ou	stead, Md.		nearest tawn)	
		ITAL OR INSTITUTION (If not in			d. STREET ADDRESS			e. IS RESIDENC ON A FARM	E
	Carrol	ll County Ge		ital	106 1	N, Main S	t.	YES X NO	
	3. NAME OF DECEASED (Type or print)	First GEORGE	Middle DAN I	EL	RESH	4. DATE OF DEATH	Manth 10	30 19 6	
	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MAR		DATE OF BIRTH	9. AGE (In ye			HRS. Ain.
	Male	14777 00	/IDOWED DIVOR	CED [10/11/99	6/	YIS.		MIII.
	during most of working Dentis	DN (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	3	11. BIRTHPLACE (County Marylan	& State, ar foreign country d		ZEN OF WHAT INTRY? SA	
j	13. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME			
	Danie	l M. Resh		188 (2.3)	Annie Ho	offman			
	1S. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO	O. 17. II	NFORMANT		Address		50
	no no na	(If yes give war ar dotes of sen	216-22-7	5/17 1	Mrs. Louis	se Resh	Hamps	tead.Md.	
	Canditians, if an rise to immedia stoting the und	ate cause (a), DUE TO	CARDI	= 1	ARRES	IAL INF	FARCTION USEASE	INTERVAL BETWEE ONSET AND DEAT (MME) 48 Hour VEARS	Н
0	PART II. OTHER	(c) _ SIGNIFICANT CONDITIONS CONTR						19. WAS AUTOPSY PERFORMED?	
	OR CONTRIBUTIN	YAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJUR	Y OCCURRED. (Enter noture of injury in	Port I or Port II of item	B.)	YES NO	V
	Hour o	JURY Month, Doy, Yeor o.m. 19	20d. INJURY OCCURRED While Nat While of work		E OF INJURY (Home, form rry, street, office bldg., etc.)				
	saw the	tify that (I) (this haspita deceased alive an	l) attended the deceas	ed fram _, and that	10/28,1 death accurred at	145 M, fram ca	/30 , 196 uses and an th	6, that (I) (we) le date stated al	las oave
/	22a. SIGNATUR 22a. PHYSICIAN NAME (TYP	sout y. F.	Ecocas	A M.D	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DA	30/66	
	23a. BURIAL, CREMAT				REMATORY Cemetery	23d. LOCATION (City Green		(Caunty) (State	,
	24. FUNERAL DIRECT	ror n-Eline	ADDRESS Hampstea	d, Md		BY REGISTRAR 2 NOV 2 196	Sb. REGISTRAR'S SI	rles Judg	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phystraph and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66 Land the late of the best dended to the late of the la

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4014

CERTIFICATE OF DEATH

14012

	o. COUNTY	Carroll		MARYLAND		(Where deceased lived, if in Valand b.		ntgomery	
R	b. CITY OR TOWN (If autside carparate limit d give nearest town) CESVIIIE	s,	5mo. 16days	,	utside carparate limits, writ ton Grove	e RURAL and give	e nearest tawn)	
		TAL OR INSTITUTION (If n			d. STREET ADDRESS	la Assamua		e. IS RESI ON A F	FARM?
	Springile	eld State H	ospita	1	119 Map.	Le Avenue		YES	NO 4
	NAME OF DECEASED (Type or print)		arl	Middle (NMN)	Roberts	DEAIR	Month 10		66 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER	Days Hours	R 24 HRS.
	female	white	WIDOWED	DIVORCED	01/21/89	77	rs.		71111.
dur	o. USUAL OCCUPATION ring most of working ousewife	N (Give kind af wark dane life, even if retired)		CIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County North Care	y & State, or foreign country) Olina		TIZEN OF WHAT USA	l
13.	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	18716		
	? Spice:	r			Elvina B	oyer			
15. (Y	es, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service) 16.	577-48-1932 S	INFORMANT Springfield		Address ords,Syl	kesville	
	Canditions, if any rise to immediat stating the underlast.	, which gave the cause (a), rlying cause	TO (b)TO (c)	bar pneumonia				Days	
MEDICAL CERTIFICATION	Chronic psycho 20g. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	n.	TO DEATH BUT NOT RELATED TO SSOCIATED WITH				19. WAS AUT PERFORM YES 🔀	NO
MEDICAL C	(IF EITHER, NOTIFY 20c. TIME OF INJI Hour o.i	10	2Dd. While	e Nat While fo	LACE OF INJURY (Hame, far actory, street, affice bldg., etc		n) (Car	unty)	(State)
		ify that≭l) (this hose eceosed alive on_		nded the deceosed from 1966, and th	5/9/, nat death occurred a	19 <u>66</u> , to 10 11:30 M, from cou	/25/, 19 uses ond on t	<u>66,</u> that ⊉) (he date state	(we) las
	22a. SIGNATURE G. FOLICA MED. ATTENDING MED. STAFF 10/25/							0/25/66	
	22c. PHYSICIAN'S NAME (Type		Jonche	This kis	22d. ADDRESS	Springfield Sykesville,		-	
230	a. BURIAL, CREMATIO			23c. NAME OF CEMETERY O		Fall sChur		(County) ((State)
24	4. FUNERAL DIRECTO		Gart	ADDDECC		D BY REGISTRAR 25	b. REGISTRAR'S S		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after death. **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires thot the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

		14015	CERTIFICATE	OF DEATH	1	4018
	1.	PLACE OF DEATH a. COUNTY	MARYLANO	a. STATE	ere deceased lived, If institution b, COUNTY	on: Residence before admission)
	h	write, RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsign	corporate limits, write RU	JRAL and give nearest town)
0		d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital Portle Road	al, gly street address)	d. STREET AODRESS	Rosal	e. IS RESIDENCE ON A FARM? YES NO
	3.	DECEASED (Type or print) PANSY LAU		RTSON	DATE Month OF OCT.	14 1966
	7	female White WIDOWED	DIVORCED 8.	arch 22/884	last birthday) Mont	
	1	a. USUAL OCCUPATION (Give kind of work done) IDb. KIND (IV) most of working life, even if retired) INDUS WORL - WOLL FATHER'S NAME	TRY	11. BIRTHPLACE (County & County & Count	md.	2. CITIZEN OF WHAT COUNTRY? 4-5-4-
	15.	S. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCI	and the state of	14. MOTHER'S MAIDEN NA	maria Za Address	chard
	(Ye	es, no, ov/nnkown) (If yes give war or dates of yery (ce) 18. CAUSE OF DEATH [Enter only one cause per line for	7m or (a), (b), and (c).]	Leslie C.	Robertson	INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C 7 S 7. OUE TO	ADEROCARCIN	IDMA OR OL	IARY	ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO				
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	O TO THE TERMINAL OISEAS	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	REO. (Enter nature of Injury	In Part I or Part II of Item	n 18.)
	MEDICAL	Hour a.m. While		OF INJURY (Home, farm, street, office bidg., etc.)	2Df. (City or town)	(County) (State)
		21. I certify that (I) (this hospital) attended the saw the deceased alive on 10/13		leath occurred at 6 4	M, from the causes and	966, that (I) (we) last on the date stated above.
		22a. SIGNATURE William J. Sellingu 22c. PHYSICIAN'S	t, M.D.	ATTENOING MED. PHYS. DIRECT	STAFF -	10/14/6 C
		NAME (Type) W/LL/AM 2 · S	TEWARTHD	19RIDGE 1		STER, MD.
2	23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Spectry) 4. FUNERAL DIRECTOR	ADDRESS ADDRESS	R CREMATORY 230	westmin	r county) (State) April 2000 (State) RAR'S SIGNATURE
3	24.	2.5. Med 12 & Wh	tmanation	_		RAR'S SUMMATURE

VR A15 (4) 15M 4-64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Baltimore City Maryland Carrell MARYLAND necessary, the funeral 5 may be Department after death. b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b Baltimore Lmos.5dvs. Sykesville the 5 e. IS RESIDENCE d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? ay is 3 to t State hours a Springfield State Hospital 506 Woodbourne NO TO YES DATE Month Year and NAME DE Middle DECEASED 19 66 ANNA CATHERINE DEATH (Type or print) ROZWADOWSKA OCTOBER 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Days Months | Hours death. I 1-17-05 Female White WIDOWED X event 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 8. Give COUNTRY? Maryland U.S.A. any pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Dworak James Joseph Raska File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, EXAMINER: This certificate should be executed within Records. Springfield State Hospital Examiner's Unk. No INTERVAL BETWEEN ONSET AND DEATH MINUTES 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Asphyxia burial-transit 0 IMMEDIATE CAUSE (a) "pending" Medical E emation, DUE TO Occlusion of air passages by the face being Conditions, If any, which buried in a pillow. gave rise to immediate DUE TO 5 cause (a), stating 0 used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Schizophrenic reaction, chronic undifferentiated type YES X NO [certificate, writing to 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CERTIFI 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 should b 20f. (City or town) (State) MEDICAL 2Dd. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work ___ at work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion the cert Undetermined manner Homicide death resulted from: Natural causes & Accident Suicide CHIEF MEDICAL EXAMINER your execute Page 4 ASSISTANT MEDICAL EXAMINER SIGNATUR 0 for FUNERAL I **EXAMINER'S** please ey director. retained W. Glenn Speicher, M. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23c. BER TSONS ING. 4015

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	14017 CERTIFICAT	E OF DEATH	1020
1.	PLACE OF DEATH O. COUNTY Carroll County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE Maryland b. COUNTY Bal-	e before odmission) / timore City
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville c. LENGTH OF STAY IN 1b 37 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore	neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Springfield State Hospital	d. STREET ADDRESS unknown	e. IS RÉSIDENCE ON A FARM? YES NO 🔼
	(Type or piliti)	Utain	Day Year 12 19 66
S.	F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 11-9-80 9. AGE (In years IF UNDER 1 Manths Manths	Days Hours Min.
10d du	a. USUAL OCCUPATION (Give kind of wark done ring mas 13 the ring mas 13 the ring mas 15 the ri	11. BIRTHPLACE (County & State, or foreign country) Pennsylvania 12. CITI	ZEN OF WHAT INTRY?
13	CharlesF. Schaale	14. MOTHER'S MAIDEN NAME Christiana Smith	
1S (Y	or no acumbratum) (If we give were detected at carries)	INFORMANT Address ed. Record, Springfield Hospital	L,
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiac failure	Э	INTERVAL BETWEEN ONSEGNATION
	rise to immediate cause (a), (ic heart disease	years
	last. (c) Pulmonary tube		years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Schizophrenic Reaction, Paranoid ty	уре	PERFORMED? YES NO
MEDICAL CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Port I or Port II of item 18.)	
MEDICA		LACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	nty) (State)
		at death accurred at 1:15AM, fram causes and an th	
H		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 10	TE SIGNED -12-66
	22c. PHYSICIAN'S NAME (Type) R. Lajonchere, M.D.	22d. ADDRESS Springfield Hospital, Sykes	sville, Md.
	a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR REMOVAL (Specify)	HILL CEM YORK YORK	(County) (State)
2	HOLDER YII HAICHY SIMILOUNTER	250. REC'D BY REDISTRAR 25b. REGISTRAR'S SI	

A STREET OF THE STREET OF THE STREET OF THE STREET Man straight at Carlot and the straight and the A Part of Control of the Control of T. Ball. M. D. Barrell, D. J. D. Bitter and Cl. S. 3

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND Department after death. any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be TDWN (If butside corporate limits, write RURAL and give nearest town) b. CITY OR TDWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR write RURAL and give nearest town) S 0 i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State hours 10 NAME OF DATE Month 3. First Middle Last 4. the 72 | DECEASED DEATH (Type or print) 2 with within AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. Jast birthday) | Months | Days | Hours | Min. DATE OF BIRTH Pages 1, th form SEX 6. COLOR OR RACE 8. 7. MARRIED 54 NEVER MARRIED AL EXAMINER: This certificate should be executed within 24 hours after death. the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 should be forwarded to the Chief Medical Examiner's Office along with for rilles. WIDOWED DIVORCED Vrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (State or foreign country) 10b. KIND OF BUSINESS OR 11. INDUSTRY COMOBILES pages 1 FATHER'S NAME MOTHER'S MAIDEN NAME 14. File 17. INPORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes give war or dates of service) (Yes, no, or unkown) HosPita permit. removal, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) Acute & chronic left ventricular myocardial DUE TO infarction Conditions, If any, which (b) Severe coronary arteriosclerosis gave rise to immediate **DUE TO** cause (a), stating the Ø used as a to burial, underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Old subdural hematoma CERTIFICATI DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) or or 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. PE 3 shou MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While designated at work at work 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry DIRECTOR: Undetermined manner Natural causes death resulted from: Suicide Homicide Accident please execute the director. Page 4 s retained for your f CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATUR 0 FUNERAL I DEBUTY MEDICAL EXAMINER **EXAMINER'S** Glenn Speicker. M. or county NAME (Type)

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Jo. 0

BURIAL, CREMATION.

REMOVAL (Specify)

FUNERAL DIBECTOR

23a.

24.

23b.

10/4/66

REC'D BY REGISTRAR 25a.

23d. LOCATION (City, town of

NAME OF CEMETERY OR CREMATORY

ACHIM VEREIN

23c.

AHAVAS

e. IS RESIDENCE

Year

19

Hours

INTERVAL BETWEEN

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19. WAS AUTDPSY PERFORMED?

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12. CITIZEN OF WHAT

ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH b. COUNTYBalto. City a. COUNTY a. STATE Carroll c. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town) MARYLAND lay is necessary, 13 to the funeral Page 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore City Westminster e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? State hours YES 5612 Birchwood Ave. NO 3 Carroll Co. Hospital DATE Month Year and and 3. 3. NAME OF Middle Last DECEASED the DEATH any PM 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. Robert Seidel 2 with within in Item 18. Give Pages 1, 3 Office along with form P 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED Months | Days Male WIDOWED DIVORCED 8/20/1892 74 yr 11. BIRTHPLACE (State or foreign country) White ent 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) Self Employed IISA Maryland MOTHER'S MAIDEN NAME 13. FATHER'S NAME Amelia Wolf in Item s Office Seidel File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Belair (Yes, no, or unknwn) (If yes give war or dates of service) Md. permit. removal, Examiner's DEPUTY MEDICAL EXAMINER. This certificate should be executed within lease execute the certificate, writing the word "pending" in pencil i rector. Page 4 should be forwarded to the Chief Medical Examiner's Seidel 501 Idlewild Rd INTERVAL BETWEEN Mr. Robert W. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit udal: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUF TO cause (a), stating the certificate, writing the word should be forwarded to the Chief used as a l underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CATION PERFORMED? NO X YES . CERTIFI DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. P 3 should (County) (State) MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While While at work at work CTOR: Page designated and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry DIRECTOR: Undetermined manner Accident Suicide Homlcide death resulted from: Natural causes CHIEF MEDICAL EXAMINER Your please execute director. Page 4 retained for your 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE -30-66 0 0 DEPUTY MEDICAL EXAMINER FUNERAL I **EXAMINER'S** NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23c. BURIAL, CREMATION, 23b. REMOVAL (Specify) of Gardens of Faith Cem. 0 11/4/66 Burial REC'D BY REGISTRAT 250. REGISTRAR'S SIGNATURE

J. Ruck Inc. 5305 Harford

DATE

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24. FUNERAL DIRECTOR

CALL PROPERTY OF THE PARTY OF THE with ating TINGEN TO THE PROPERTY OF A STATE OF THE PROPERTY OF 7- 7- 0-1/0-/8 - ANAME M. ... 2 Lo = ifrmA Mr. Courtell Settlet 10 Titlestin id. and all brings to the to amend the the following the enning of Mark Inc. 2015 Series In. 116 July 1004

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. a COUNTY STATE b. COUNTY by the furnishment by the furnis MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN M outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours filled in TAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS executed within completely 3. NAME OF DATE First Middle Last DECEASED SHAFFER RUTH (Type or print) DEATH physician and com an prease remove over 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED Z NEVER MARRIED last birthday) WIDOWED J DIVORCED 19a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) **TO HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Then attending PASEN NOT KNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or re 16. SOCIAL SECURITY NO. (Yes. no. or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 4:20 M. from the causes and on the date stated above. 65 saw the deceased alive on 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS. ADDRESS 22d. 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d.

BURIAL, CREMATION, REMOVAL (Speelfy) LOCATION (City, town or county) (State) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 1966 DATE

e. IS RESIDENCE

Day

Days

COUNTRY?

12. CITIZEN OF WHAT

Month

Address

Months I

ON A FARM? NO Z

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

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DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b COUNTY Carroll Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) (Rural) and sive nearest town) le 26v 10m 120 Baltimore City e. IS RESIDENCE ON A FARM? d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS No fixed street address NO X 4 DATE Middle Manth First Last Day Year OF (NMN) 19 66 Eddie Smith 10 31 DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years birthdoy) Months Doys Haurs 1-1-1902-? white WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY USA COUNTRY? Orphan -- Baltimore -? 14. MDTHER'S MAIDEN NAME unknown unknown 17. INFORMANT 16. SOCIAL SECURITY NO. Address Hospital Records none INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Acute Coronary occlusion IMMEDIATE CAUSE (a) DUE TO DUE TO 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) Haur a.m. Nat While factory, street, affice bldg., etc.) at work at work 21. I certify that (x) (this haspital) attended the deceased fram 12-19 19_66 that \$ (we) last 1939, ta_ 10-31 19.66 and that death accurred at 7.08 M, fram causes and an the date stated above. saw the deceased alive an 10-31 22b. DATE SIGNED 10-31-66 DIRECTOR PHYS. Springfield State Hospital 22d. ADDRESS NAME (Type)

(County)

(State)

and completely filled in within 72 Springfield State Hospital 3 NAME OF corban DECEASED (Type ar print) S. SEX remove ony male 10o. USUAL OCCUPATION (Give kind of work dane eose during most of warking life, even if retired) by the ottending physician ronsit permit. Then please 13. FATHER'S NAME or remov 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war or dates af service) crematian, burial-tronsit by the hospitol or ottending physician. signed ! burial, Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health Schizophrenic reaction, paranoid type in a mental defective Chronic puljonary emphysema for 20a. ACCIDENT WAS UNDERLYING [detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year State pe be retoined pinous the 22a. SIGNATURE director, poge should be filed 22c. PHYSICIAN'S Poge 4 may Sykesville, Maryland BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) REMOVAL (Spesify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966

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ATTENDING PHYSICIAN: The law requires that the death certificate be

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

	工程证	6169		CLKIIIIC	MIL	OI DEATH			TA	UG)	
1	1. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceosed live			ce befare	admissia	in)
	a. COUNTY	Carroll		MARYLAN	D I	a. STATE Mar	vland	b. COUNT	Y Mor	11.00	mery	
1	b. CITY OR TOWN	(If autside carparate limi	ts,	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If au	V	s, write RURA				
	write RURAL and give nearest town) Rural—Sykesville			15 days Gaithersburg				16.7				
1		ITAL OR INSTITUTION (If n	at in hospital, g			d. STREET ADDRESS	- B		-	1	. IS RESID	
2	Springfie	ld State Ho	spital	- 1515 L 75		Route #1				1	ON A FA	NO []
-	3. NAME OF	F	irst	Middle		Lost	4. DATE	Manth		Doy	Yea	or
	(Type ar print)	Nel	lie	Mahala		Storm	OF DEATH	10		28	16	6
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9. AGE	(In years	IF UNDER		IF UNDER Haurs	
	female	white	WIDOWED	DIVORCED		01/05/87	79 lost	yrs.	Mailins	Days	nauis	Min.
	10a, USUAL OCCUPATION OF WORKING TO THE WORKING THE WO	ON (Give kind af wark dane gdite, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Maryland		untry)		IZEN OF UNTRY?	WHAT USA	
Ì	13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME	THE .	1			
	Charles	Poole				Virginia	House					
1	15. WAS DECEASED E	VER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address	s	1/26	- 111	112
1	(Yes, no, or unknown	(If yes give wor or dates	of service)	ınknown	Spr	ingfield Ho	spital r	ecords	. Syl	cesv	ille	.Md.
1	18. CAUSE OF	DEATH (Enter only one ca	use per line for	(o), (b), ond (c).)	-						ERVAL BET	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure									house and Death		
	422	1	E TO		1							13
1		y, which gave	(b) Art	erioscleroti	ic c	cardiovascu	lar disea	ise		yea	ars	
1	rise to immedi		10					- 54				
1	lost.)	(c)									111
	PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? VIS. 10 NO. 11 NO. 12 NO. 12 NO. 12 NO. 12 NO. 13 NO. 13 NO. 14 NO. 15 NO.									OPSY ED?	
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1	20a. ACCIDENT V	AS UNDERLYING		SCRIBE HOW INJURY OCCUP	RRED. (I	Enter noture af injury in	Port I ar Part II af	item 18.)				
1	OK CONTRIBUTIN	IG CAUSE OF DEATH Y MEDICAL EXAMINER)										
	₹ 20c. TIME OF IN	JURY Manth, Doy, Year				E OF INJURY (Hame, farm		ar tawn)	(Car	unty)	((State)
	Haur Haur	o.m. 19	While of world		tocto	ry, street, affice bldg., etc.)						
					m	10/13/	66ta	10/28/	, 19_6	56, th	at the (we) las
	saw the	deceased alive an_	10/28	1966, and	l that	death accurred at	0:50 9M, Fran	n causes a	nd an th	ne date	e stated	abave
1	22a. SIGNATUR	E 1	30/			ATTENDING	MED.	STAFF		ATE SIGNI		
1	01.0	lefud	0 111	dalin	Mo	. PHYS.	DIRECTOR \square	PHYS.	1	0/28		
1	22c. PHYSICIAN NAME (Ty		TOK.	DO N LA	BR	22d. ADDRESS	Springfi				ital	
			1.11				Sykesvil					
1	23a. BURIAL, CREMA REMOVAL (Spec		HEREOF	23c. NAME OF CEMETER	y OR C	REMATORY	23d LOCATION	(City or Taw	n)	(County)	(5)	itote)
1	-Our!	11/10/2	1/66	1/1/0-11	ac	cacy	Deall	sulle	SCTDAD'S S	Deal	4. 1	not
	24. FUNERAL DIREC	OK 3	. 0 1/	ADDRESS		14 1 .	BY REGISTRAR	1	istrar's s			40
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remayar, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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H AND RECORDS, 301 W. PRESTON CERTIFICATE OF DEATH **DIVISION OF STATISTICAL RESEARCH** STREET, BALTIMORE 1, MARYLAND 4023 14026

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
J	a. COUNTY MARYLAND	a STATE AS A Pared b. COUNTY SWOOTH
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town)
	write RURAL end give nearest town)	Intertracinte PAHY
ł	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1	Cranberry	C ARRAPATORA YES NO PL
1	3. NAME OF First Middle	Last 4. DATE Month Day Yeer
1	DECERCED	OF MAT
1	E CIV.	DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS.
1	NEVER MARKIED	last birthday) Months Days Hours Min.
1	108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	in 28, 1873 13 yrs.
	doe, USUAL OCCUPATION (Give kind of work doub during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	nm	Chimalo. Ma. 4.J.a.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
1	James Lerry Strives	alice Inleann Non
	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURIT NO. 17. IN (Yes no, or unknown) (If yes give wer or detection vice)	FORMANT Address Same
	m	so Grabe marken address
	18. CAUSE OF DEATH [Enter only one coose per line for (a), (b), end (c).]	O A INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caralia Vascul	en elisters c orgestent Seneraly
	H271 DUE TO	1 Facture & Que and
	Conditions, if eny, which (b) allered oc	lerose & Level 4851
7	geve rise to immediate cause (e), stating the underlying DUE TO	CA III
H	cause lest. (c) (Totalyses C	gillous years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	ACATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OR CHITHER. NOTIFY MEDICAL EXAMINER!	YES NO X
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury In Pert 1 or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE While Not While factor factor at work et work	y, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	7-13- 1963 to 10-17 , 1966, that (I) (we) last
4	1,00	death occured and M, from the causes and on the date stated above,
	22a. AlgNATVRI	22b. DATE
	Willem Meicher M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS
	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (Type)	Westminster Med
	230. BURIAL, CREMATION, 236. DATE THEREOF / 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town or county) (State)
	124 De 10/19/66 De 10/19/66	Cemetine whatermites PA mid.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS,	250, RCOD BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	1.5 Species b. Walnuthing t	- m 1. OCT 20 1966 Poliantes Judge

TO HOSPITAL OF STIENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page be retained by the hospital or attending physician.

TO FUNERA. RECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. PLACE OF DEATH o. COUNTY Ca	rroll		MARYL	AND	o. STATE Mary	land	b. COUNTY	Residence before odmissionarroll	on)
write RIMAL and give negrect town			c. LENGTH OF STAY IN Oy • 5m	1b 22d		utside corporote limi minster,			
	ITAL OR INSTITUTION (If not state)				d. STREET ADDRESS			e. IS RESI ON A F unk •YES	
3. NAME OF OECEASED (Type or print)	Fire Erne		Middle P •		Stultz.	4. DATE OF OEATH	Month 10		66
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		OATE OF MATH 3	182 84 AGE	(In years IF birthdoy) Mo	UNDER 1 YEAR IF UNDER onths Doys Hours	Min.
	ON (Give kind of work done g life even if retired)		ND OF BUSINESS OR DUSTRY	10	11. BIRTHPLACE (County			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	. William	Stultz			14. MOTHER'S MAIDEN	2 ?			
	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of Sp. Am. W.	service)	SOCIAL SECURITY NO. 12-12-9083		FORMANT Edwa	rd P. Ge	iman ^{Address} 80 Rid	Westminste	er,Md
	OEATH (Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (se per line for	(o), (b), ond (c).)	cic h	eart disea	38		INTERVAL BET ONSET AND I	
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. DUE TO Coronary artery insufficiency (b) Acute pyelonephritis DUE TO (c)								
rise to immedia stoting the unc lost.	ny, which gove ote couse (o), derlying couse	Coron (b) Acute	pyeloneph	riti	S			Years Months	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending per scian and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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and and	edi		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deced			ore odmissio	n)
- Lone	e e		o. COUNTY C	arroll		MARYL	AND	0. SIAIE Mary1	and	b. COL	Carro1	1	
by the funeral Pages 1 and 2	10		b. CITY OR TOWN	(If outside corporate limits, id give nearest town)		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou			JRAL ond give neor	est town)	
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ers.	7			TAL OR INSTITUTION (If not in				d. STREET ADDRESS				e. IS RESID ON A FA	
the attending physician and campletely filled in by the funnsit permit. Then please remave carban papers. Pages 1	60		Carroll	County Gene	ral Ho	spital		Westminster	e, Md.	R. D.6			NO 🔼
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an an				N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County		oreign country)	12. CITIZEN COUNTRY	?	
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hys n	2	13.	FATHER'S NAME	0			500	14. MOTHER'S MAIDEN I					
The		7	George				1 := :	Amanda Al	lice N				
ndin it.	2			ER IN U.S. ARMED FORCES? (If yes give wor or dotes of so	ervice	OCIAL SECURITY NO.		NFORMANT		Add	IV. I		
erm	burial, crematian, ar		No			3-07-2505	Mrs	. Catherine	B. S	Stutler,			
he i	5		18. CAUSE OF D	PEATH (Enter only one couse ATH WAS CAUSED BY:	per line for	(o), (b), ond (c).)			-			NTERVAL BET	
signed by the burial-transit	rem		1/2	IMMEDIATE CAUSE (o)		honor	T.	monto	ous			and	2
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signed by burial-tran	בה ה		rise to immedio	te couse (o), (Dur To			-						
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s be	riar			IGNIFICANT CONDITIONS CON	-	O DEATH BUT NOT RELA	TED TO 1	HE TERMINAL DISEASE CON	VIDITION GIV	/FN IN PART I/o)	11	9. WAS AUTO	PSY
ha	Health prior to	TION	TAKE II. OTHER S	TOMITICALLY COMPTIONS CON	TRIBOTINO 1	O DEATH DOT NOT KEEN	120 10 1	THE TERMINITE PROPRIE CO.				PERFORM	ED?
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s ce		MEDICAL		/ MEDICAL EXAMINER) FURY Month, Doy, Yeor	20d. IN	JURY OCCURRED	20e. PLA	E OF INJURY (Home, form	n. 20f.	(City or town)	(County)	(Stote)
thi	a a	MED	Hour o.	.m.	While of work	Not While of work	foct	ory, street, office bldg., etc.)				1000	
fter	Stat			ify that (I) (this haspit	tal) attono	lad the decoased f	ram	10/23 1	966	10/0/26	, 1966,	that (I) (we) last
R: A	ne L			deceased alive on	10/-	26 1966,0	nd that	death occurred at	330	M, from couses	and an the d	ate stated	above.
Dag:	=		220. SIGNATURE		//			17771101110	MED.		22b. DATE SI		
3 co.	≥			John 5 Ho	ush	us	M.I		DIRECTOR	STAFF PHYS.] /0/	26/6	6
O Social	=		22c. PHYSICIAN NAME (Type		c 1/	0	A-1	22d. ADDRESS	,	14 1.5	7 1		7 5
TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the	d b		MARIE (Type	0 0 11 11		ARSHEY,	1,D	1 8 and	ko L		lminste	- m	1
FUN	ngn	230	BURIAL, CREMATI	v)		23c. NAME OF CEMET	ERY OR	CREMATORY		OCATION (City or T	,	17	tote)
و ق	20		Burial Specific		6	St. Mary	S Ce	metery		lver Run			Md -
/R A15 (4) 8	24	FUNERAL DIRECTO	DR / /	in	ADDRESS			D BY REGIST	200	REGISTRAR'S SIGNAT		
20 M 1/6	56	r /	1/ANIAI	IM NOW	1/1/1	Littlestoy	m. I	DATE !!	. 7. 7	1986	Milarla.	1 July	No.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

140%	25	CERTIFICA	IE OF DEATH	1 - 0 0 0 0	14029
PLACE OF DEAT o. COUNTY	Carroll	MARYLAND		(Where deceased lived, if institution: Recy Land b. COUNTY	
Sykes	N (If outside corporate limits, ond give nearest town) ville	10da	Baltimore	utside corporate limits, write RURAL an	30.4
	spital DR INSTITUTION (If no grield State	in hospitol, give street oddress) Hospital	d. STREET ADDRESS 2902 Gui	lford Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Catherin	e Gertrude Si	lost veitzer	4. DATE Month OF DEATH Oct.	Doy Year 30 166
remale	White	7. MARRING NEVER MARRIED DIVORCED	10-11-1913	9. AGE (In yeors IFUI 53 ost birthdoy) Mon yrs.	NDER 1 YEAR IF UNDER 24 HR
during most of work	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Marylar	nd	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	W. McTeague		14. MOTHER'S MAIDEN Mary Ca		
IS WAS DECEASED	EVER IN U.S. ARMED FDRCES? vn) (If yes give wor or dotes of	service)	7. INFORMANT	Address	kesville aryland
1B. CAUSE OF PART I.	F DEATH (Enter only one coust DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e per line for (o), (b), ond (c).) Cirrhosis of 1	iver		INTERVAL BETWEEN ONSET AND DEATH Months
rise to immed	nderlying couse DUE	(b)			Months
0	_	NTRIBUTING TO DEATH BUT NOT RELATED T ication without que			19. WAS AUTOPSY PERFORMED? YES NO
DR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE			
20c. TIME OF Hour	INJURY Month, Doy, Yeor o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work	PLACE OF INJURY (Home, for foctory, street, office bldg., etc	m, 20f. (City or town)	(County) (Stote)
saw the	deceased alive on	ojtal) attended the deceased fram 10-30-66 19, and t	10-20-66 , hat death accurred a	t 12noMnfram causes and	
22o. SIGNATU	(/Clari	a Kung	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. See 22	2b. DATE SIGNED 10-30-66
22c. PHYSICI/ NAME (T	ype) Octavio R			eld State Hospits	
230. BURIAL, CREM REMOVAL/Spe Burial	11/2/1	966 New Cathe	dral	23d. LOCATION (City or Town) Baltimore	(County) (Stote)
H.W.Jen	kins & Son	s Co. 4905 York	Rd . 2So. REC	D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH by the funeral Pages 1 and 2 CV 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY g. STATE after Carroll MARYLAND Dorchester Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page hin 72 hours a 36 Yrs. 8 MO Sykesville Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? = d. STREET ADDRESS filled YES NO PE Springfield State Hospital within Month and campletely f 3. NAME OF First Middle Lost 4. DATE Year OF DEATH DECEASED 11 Oct. Charlotte Taber (Type or print) AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours 6/27/1897 White Female WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewife physician c OUNTRY ? **INDUSTRY** Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, attending phy. Celia Cook Adam Lohman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. P Pt's Record Springfield State Hospital 220-54-6021 cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart Failure IMMEDIATE CAUSE (o). DUE TO burial, Conditions, if ony, which gove (b) Arteriosclerotic Heart Disease rise to immediate couse (a), DUE TO stoting the underlying couse as the peen Carcinoma Of The Breast 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has PERFORMED? CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 2-24-30 10-11-66 19___, that (1) (we) last 19 and that death accurred at 6: 30th, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. DIRECTOR 22d. ADDRESS NAME (Type) Rinaldo Lajonchere Sykesville. Md. director, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Spacify) 10/15/66 Quincy Quincy Franklin 0 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb.

DATE

NO

(Stote)

Penn

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician. O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending FUNERAL DIRECTOR: After this certificate income 3 shauld be detached for use

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the artendine physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1 4000

13066		021.11110/11	- C. DEATH		1001
1. PLACE OF DEATH a. COUNTY			a. STATE	b. COUNTY	
Carroll	utalda asana it ii ii	MARYLAND	Marylar	nd Carr	Oll and also
D. CITT OR TOWN (If o	utside corporate limits, ive nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
Svkesvil	lle	2½ years	Woodbir	ne	06.1
		hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Jursing Home				YES NO
3. NAME OF OECEASEO (Type or print)	John John	Middle R.	Last Tucker	4. DATE Month OF DEATH October	Day Year 19 66
5. SEX 6. CC	DLOR OR RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
	nite WIDOWE		Nov. 1,190	13 last birthday) M	onths Days Hours Min.
1Da. USUAL OCCUPATION (G during most of working life				unty & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life Track H an	even If retired)	INDUSTRY			COUNTRY?
13. FATHER'S NAME	D • €	O.Railroad	14. MOTHER'S MAID	L Co., Md.	U.S.A.
	ak Tucker			cherine Hatfi	2 3
15. WAS DECEASED EVER IN		C COOLAL CECHNITY NO. 1 - W		Address	era
(Yes, no, or unkown) (If yes	give war or dates of service)	16. SOCIAL SECURITY NO. 17.			
_ No	27	20-03-2726 Mr	s. George	Cromwell Sam	e As Above
		r line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	EDIATE CAUSE (a) CO	ronary thrombos	is		1957
4201	DUE TO				through
Conditions, If any, w	which) (b) Ar	teriosclerosis,	generalized		Oct. 5, 1966
gava rise to immediately gave rise to immediat	diate (
underlying cause last.	[110]	rdiac failure.	Chronic brai	n syndrome.	
PART II. OTHER SIGNIF		IBUTING TO DEATH BUT NOT RELA			RT 1(a) 19. WAS AUTOPSY
ICAT					YES NO
PART II. OTHER SIGNIFI 202. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY M	NOERLYING 2Db.	DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of	Injury In Part I or Part II of I	tem 18.)
		INTERV CONTINUES 100- 814	OF OF INNIPYMANA	am ODE (Other or house)	(County) (State)
20c. TIME OF INJURY Hour a.m. p.m.		I. INJURY OCCURRED 20e. PLA	ory, street, office bldg., et	rm, 2Df. (City or town)	(County) (State)
_				ER I O-1- E	20 00 41 40 600 104
		nded the deceased from			, 19_66, that (I) (we) last
	alive on UCT. 5	19 00 , and tha	t death occurred at 5	trom the causes an	nd on the date stated above.
22a. SIGNATURE	I round &	/ Sall " M.	D. ATTENDING	AFO CTAFF	Oct. 6, 1966
22c. PHYSICIAN'S		<i>U</i>	22d. ADDRESS		
NAME (Type)	Howard E. Ha	11, M.D.	Sy	kesville, Maryl	and
23a. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
REMOVAL (Soecify) Burial		Mt. Olive		Carroll Co	
24. FUNERAL DIRECTOR	10/8/1966	ADDRESS	1 25a. REC	D'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
	Boy Olin C.				-/
o. M. Waluz	DUX CTI D	ykesville, Md	DATE (CT 1 0 1956 🚜	harles Judge
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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND DEATH funeral pluods hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY # 7 F MARYLAND death. and b. CITY OR TOWN (if outside con c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RUEAL and give neerest town) 24 filled in Pages 1 hours after Raltimore within filled i . IS RESIDENCE OR INSTRUTION (if not in hospital, gives free address) d. STREET ADDRESS ON A FARM? YES NO 2721 N. Calvert completely papers. NAME OF DATE Middle Yee 72 DECEASED OF DEATH (Type or print) = within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. DATE OF BIRTH IF UNDER 1 YEAR 5. SEX and Months Davs Hours Min. WIDOWED Y event, DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work remove 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please 2. affending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give war or detes of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL SETWEEN þ 5 PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO attending The law peen Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (e), steting the underlying burial has ceuse lest. the t PHYSICIAN: ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? hospital S 0 NO use prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING for OF CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) Month, Dey, Year fectory, street, office bldg., etc.) While Not While retained Hour e.m. et work et work p.m. DIRECTOR: Dept. 9 19. 21. I certify that (I) (this hospital) attended the deceased from ... L pluods State Colo and that death occurred at 12.30M, from the causes and on the date stated above. saw the deceased alive on.. may 22b. DATE ATTENDING. SIGNED PHYS. DIRECTOR PHYS. M.D. HOSPITAL FUNERAL page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v 236. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY town or county) (Stete) क कें प्र 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)

20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14030 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a STATE b. COUNTY Carroll MARYLAND Md. Balto. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) Westminster Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll County General Hospt. Glen Falls Road YES INO 3. NAME OF Middle 4 DATE Month Day Year DECEASED (Type or print) Russell L. Uhler 10 66 DEATH 19 S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR I IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Days Haurs Oct. 28. 1919 WIDOWED DIVORCED Male White 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired)
Farmer & Truck Briver INDUSTRY Balto. Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elmer T. Uhler Maggie T. Fowble IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 214-12-2034 Mr. Edgar M. Uhler Reisterstown, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: MUDGARDIAL INFARCTION HOUTE IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave CARDIO VASCULAR HRTERIN SCLEROTIC rise ta immediate couse (a). stating the underlying cause YEARS DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While . 1966 , that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram. 10/20 1966 1966, and that death occurred at / M, fram causes and on the date stated above. saw the deceased glive on 10/21 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. PHYS. 225. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BUREMPYAL (Specify) 10/24/66 Finksburg Cemetery Finksburg, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR J. F. Eline & Sons Reisterstown, Md. Marke

1966

the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remave carban papers. Pages 1 and 2 n any event, within 72 haurs after death attending physician a permit. Then please r ian, or removal, and in crematian, or remov signed by the burial-transit p burial, cremati Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been ed far use as the af Health prior ta detached State Dept. director, page 3 shauld should be filed with the

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14031

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

be executed within 24 hours after death

23003.	CERTITICATE	OI DEATH	1.00	14009	
1. PLACE OF DEATH		2. USUAL RESIDENCE (When			odmission) /
o. COUNTY Carroll	MARYLAND	a. STATE	b. COU		
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	cornarate limits write PIII	Anne Arun	del
write RURAL and give nearest tawn)			corpulate lililis, wille kor	CAL dila give ilealesi	10 411)
Sykesville	Byrs 2mos 27dy	Glen Bur	nie	0.3	. 2
d. NAME OF HOSPITAL OR INSTITUTION (If nat in	hospital, give street address)	d. STREET ADDRESS		e.	IS RESIDENCE ON A FARM?
Springfield State Ho	spital	1003 An	napolis Blvd	YI	ES NO
3. NAME OF First DECEASED	Middle		DATE Mont	h Doy	Year
(Type or print) EMMA		RINA	DEATH Oct	ober 21	19 60
	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	Months Doys	Haurs Min.
Female White	WIDOWED DIVORCED	10-22-80	last birthdoy) 85 yrs.	Monnis Doys	riduis Mill.
10a. USUAL OCCUPATION (Give kind af work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St	ate, or foreign country)	12. CITIZEN OF	WHAT
during mast af working life, even if retired)	INDUSTRY	Maryland		U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
David Hullett		Rebecca Gi	llian		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	NFORMANT	Addre	ess	
(Yes, no, or unknown) (If yes give war or dates af ser	rvicell		P2 -7 2 CL - 19	II. mart A a 2	
		ords, Spring	Tiero State		WAL DEDUCED
18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY:					RVAL BETWEEN
IMMEDIATE CAUSE (a)	Bronchopneumonia			We	T AND DEATH
002 DUE TO					
Conditions, if ony, which gove) (b)	Chronic pulmonary	tuberculosis		Ye	ars
rise to immediate couse (o), stating the underlying couse					
last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO TO	HE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(o)	19. V	WAS AUTOPSY
Chronic brain synd			. ,		PERFORMED?
Chronic brain synd without qualifying 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CLOUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	phrase	w cerentar al	relioscielo	SIS, YES	NO 🗌
OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part	I or Part II of item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)				100.001000	
20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Hame, farm,	20f. (City or tawn)	(Caunty)	(State)
Haur o.m.	While at wark at wark	ary, street, office bldg., etc.)			
	al) attended the deceased from	7-24-63 19	to 10-21	-66 19 the	it (I) (we) la
saw the deceased alive on 10	0-21-66 19, ond that	deoth accurred of e	M. Mram couses	and on the dote	stoted obov
22a. SIGNATURE				22b. DATE SIGNE	
Clauston del	Campo. M.D	ATTENDING MEI	D. STAFF ECTOR PHYS.	10-21-	-66
22c. PHYSICIAN'S	Carriere.		ringfield St		
NAME (Type) Agustin de	1 Campo, M.D.				
			esville, Ma		
23a. BURTAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREO		REMATORY	23d. LOCATION (City or To	wn) (County)	(Stote)
Burial 10/25/66	Lorraine Cem		Balto Co	N	ld
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE	
McCully FH 237 Patence	00 Ave 21 225	DATE OCT	24 1966	Minutes !	udge

S de la			
	Lateral Control		
	almo min	15.1105	4.7
A	AND THE REAL PROPERTY.	Le Meek et	and blo Myarings
Johnson 21		TANK	
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The San San			
0-15-01 t			Jack Tarking
har Sur			Jack Tarking

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

MAKILAND STATE DEPARTMENT OF H	EALIN
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	TREET, BALTIMORE 1, MARYLAND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STATISTICAL RESEARCH RESE	14035

н			DENCE (Where deceased lived, If institution: Res	idence before edmission)				
		o. COUNTY o. STATE	b. COUNTY	.11				
	-	MARYLAND MARYLAND MARYLAND	WN (If outside coxporete limits, write RURAL end g	ive accred town				
		write RURAL and give needest town)	AN (If ourside composer limits, write KOKAL end y	06-1				
	1	middleburn 79/2/mr.300 West	muslu					
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDR	RESS	IS RESIDENCE ON A FARM?				
)	1	Brookfuld minus Home		YES NO				
	3.	3. NAME OF First Ame Middle Last	4. DATE Month	Dey Yeer				
		DECEASED DIESE MAINTENANCE MAI	OF OF -	1 11				
П		(Type or print) AZICE - DON ARN	DEATH OC/.					
	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE					
	4	Semale white WIDOWED DIVORCED 2 Jan. 28		ys Hours Min.				
	100	16. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?				
	2	More during most of working life, even if retired	plat Homagrue ?					
	13.	13. FATHER'S NAME	IDEN NAME					
			1					
		not known not	tourn ,	1101 ~1				
-		15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive werordetes of service)	Address mad	allowry in				
4	110	213-24-7648 Recorbat	Brookfield marginia	Jome				
1		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).]	- formany	INTERVAL BETWEEN				
		PART I. DEATH WAS CAUSED BY: Core by a lather school		ONSET AND DEATH				
		IMMEDIATE CAUSE (0) Core Dra a Chroschos	212	- Trop				
	1	334 X DUE TO		V				
н		Conditions, if eny, which (b)						
А		geve rise to immediate cause						
		(e), stelling the underlying						
	7		FRMINAL DISEASE CONDITION GIVEN IN PART 1	(a)) 19. WAS AUTOPSY				
	Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECEIVED TO THE	ERMINAL DISEASE COMBINION GIVEN IN TAME	PERFORMEDY				
	CATION	3 Heroschibi Candiovascular discours		YES NO				
	CERTIFI	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)						
	8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	7	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home	, farm, 20f. (City or town) (County	y) (Stete)				
	WEDICAL	Hour e.m. While Not While fectory, street, office bldg						
	A.							
		21. I certify that (I) (this hospital) aftended the deceased from 16/24/63	, 19, 10. NOW, 19	, that (I) (we) last				
	50	saw the deceased alive on 10/27/4 to 19, and that death occurred a						
		22e. SIGNATURE		22b. DATE				
		ATTENDING	MED. STAFF	13 12 SIGNED				
		M.D. PHYS.	DIRECTOR PHYS. 10	131/06				
		22c. PHYTICIAN'S NAME (Type) J. H. CARICOFE	1221 - R. 1 =					
/		VIII- CHRICOTE U	wirn songe	ndi				
	234	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, wwn or county)	(Stete)				
	1	REMOVAL (Specify) 11/3/66 CAMALI Const. Home &	emile Rural west	resister ml				
1	21	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250	REC'D BY REGISTRAR 256. REGISTRAR'S SH	GNATURE				
N	24	011	11611 - 1001	sale ander				
11.		7.2 mylo, p. whetamole, ma . DAT	TE NOV 2 11966 your	rus juoge				
	-0			0				

the Act of the Control of the State of the S The state of the s The second of the second of the second of And the second s and the same of the same and the state of t ACAD VINNA 9481 BADN IN JAK TOWN TOWN THE CONTRACT OF white the property of the prop MARYLAND STATE DEPARTMENT OF HEALTH
IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,
CERTIFICATE OF DEATH

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESION STREET, BALTIMORE 1, M	ARYLAND
_	14U33 CERTIFICAT	E OF DEATH 140	136
1.	PLACE OF DEATH a. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY Ca	rrall
/	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Manufaller Kura	C. CITY OR TOWN (15 outside corporate limits, write RURAL Manchester - Kus	eah 06.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO P
3.	NAME OF FIRST Middle DECEASED (Type or print) Carrall Guy	VALLET 4. DATE Month OF DEATH OCT	Day Year 1966
1	sex 6. COLOR OR RACE 7. MARRIED DEVER MARRIED DIVORCED DIVORCED	June 1-1717 32 yrs.	Days Hours Min.
dur	. USUAL OCCUPATION (GIve kind of work done ing most of working life, even if retired) INDUSTRY	york Co, Pa Co	TIZEN OF WHAT
ď	Prerton L Walker	ada Keiser	
	s, no, or unkown) (If yes give war or dates of service)	Was ada Walker Mancher	ter, Md.
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thumboris	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	tes Cononaug	5 yrs
N	cause (a), stating the underlying cause last.	Direce	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (Cou	nty) (State)
	21. I certify that (1) (this hospital), attended the deceased from_	at death occurred at 330 M, from the causes and on the	that (1) (we) last ne date stated above.
	22a. SIGNATURE WIX Floard M.	ATTENDING MED. STAFF 22b. DA	TE SIGNED
	22c. PHYSICIAN'S NAME (Type) IN H Fro A - J MC	22d. ADDRESS ARCH PS FRE	ud

NAME OF CEMETERY OR CREMATORY

ADDRESS PST-ead 23d.

REC'D BY REGISTRAR

LOCATION (City, town or county)

25b.

REGISTRAR'S SIGNATURE

(State)

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then there is remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0

BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR

23b.

DATE THEREOF

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

THE PERSON

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TO HOSPITAL A STIENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 hours after death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL XECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14034

CERTIFICATE OF DEATH
14037

-											
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before each county)									on)		
	Carrol	1	• STATE S. COUNTY Carroll								
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)						
Rural-Union Bridge 11 Years					Ru	ral- U	nion	Brid	ge	06-1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)					d. STREET A					e. IS RESIDEN	
S. Oak	Rout	e 1				Route	1			YES NO	
3. NAMI DECE.		First	11/39	Middle	Lest		DATE	Month	D	Yeer Yeer	
	or print)	Frank	2	W.	Watson		DEATH	Oc.	t. 3,	1966	
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH			E (In years birthday)		AR IF UNDER 24 HI	_
Male	9	White	WIDOWE	DIVORCED	Sept. 13	2, 189	5 71	yrs.	Months Dey	s Hours Mir	
10a. USU.	AL OCCUPATION	ON (Give kind of work	d) IDb. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLAC	CE (County & S	state, or foreig	in country)	12. CITIZE	OF WHAT COUNT	RY?
	tendan		Spri	ingfield Sta	te Jack	son Co	., Oh	io	U.	S.A.	
13. FATHI	ER'S NAME			Hospital	14. MOTHER'S	MAIDEN NAME					
Hei	rbert	Watson			Nor	a Cant	er				
15. WAS	DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address			
	es	WW 1	30	02-10-1033 M	rs. Mar:	ion C.	Wats	on	Same A	s Above	
		CALL STREET, S	ceuse per	lina for (a), (b), end (c).]		_				INTERVAL BETWEEN	
		WAS CAUSED BY: AMEDIATE CAUSE (e)	CK	ronic DRON	chitis	+ =	sp hy	Sen	na	years	
	5020	DUE TO					1 /			0	
Condi	itions, if eny,	which) (b)									V.
	rise to immediate	DITE TO									
causa		(c)									
NO P	ART II. OTHER	SIGNIFICANT CONDI	TIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO TH	E TERMINAL D	ISEASE CONE	ITION GIV	EN IN PART 1(e	19. WAS AUTOP	
OR CO	reby	alatha	ROS	clirosis: a	therosc	larotec	hear	td.	Sease	YES NO	
2De. /		S UNDERLYING CAUSE OF DEATH	2Db. DES	CRIBE HOW INJURY OCCURE				em 18.)			
	HER, NOTIFY	MEDICAL EXAMINER)									
WEDICAL 20c.	TIME OF INJUR	Y Month, Day, Ye		INJURY OCCURRED 2De. PL	ACE OF INJURY (H		DI. (City or to	own)	(County	(Slete)	
WED	Hour a.m.	19	While at wor		ciory, sireer, ornice c	,, 610.1					
21, 1	certify th	at (I) (this hospi	tal) atten	ded the deceased from	July	195	3 1000	1-3	, 19.64	, that (I) (we)	las
		d alive on.	at 1	19 6 Ce, and tha	t death occurre	d at 1100	A, from the	causes a	and on the	date stated abo	ve.
22e.	SIGNATURE	110		1			J			, 22b. DA	TE
8 68	A.	Alan	icon	te mo.	M.D. PHYS.	DIRECT	OR PH	YS.	10	13/46	NEC
22c.	PHYSICIAN'S NAME (Type)			7	22d. ADDR		> .	1	N 1	51001	
	MAWE Alabel	J.H.C	PRIC	OFE M.D.	Un	NON [SRIG	IGE,	Md	21791	
23e. BURI	IAL, CREMATIC	N, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	230	d. LOCATION	N (City, tov	vn or county)	(State)	
	urial	Oct. 7,	1966	Bennett Ce	emeterv		Scio	to O	01	nio	
	AL DIRECTOR'S	SIGNATURE		ADDRESS		25e. REC'D BY					
C. I	M. Wal	tz Box 21	+1 Sy	kesville, M	d.	DATE OCT	T 6 1	966	Ochar	les Judge	
									11	11 11	_

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plys tian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
1/020

	22000	OLK III IOAIL	OI DEATH	1411	20
1.	PLACE OF DEATH a. COUNTY Convall		2. USUAL RESIDENCE (Whe a. STATE	re deceased lived, If institution b. COUNTY	: Residence before admission)
_	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	MARYLANO c. LENCTH DF STAY IN 1b C	c. CITY OR TOWN (If outside	corporate limits, write RUR	AL and give nearest town)
	Linehour (Rivial)		Lineham	- (Runa	2/06.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	oltal, give street address) d	I. STREET ADORESS	1 0	e. IS RESIDENCE ON A FARM?
2	Senetore med Is	0 f/	sincton.	and 110 th	YES ND
3.	NAME OF DECEASED (Type or print) Daniel P	Middle Wild	0	ATE Month F EATH Out	Day Year 1966
5.	SEX 6. CDLOR DR RACE 7. MARRIED	NEVER MARRIEO 8.	DATE OF BIRTH	9. AGE (In years IF UNO last birthday) Month	ER 1 YEAR IF UNDER 24 HRS.
1	Tale While WIDOWED I	DIVDRCED Se	RE21 1879	87 yrs.	
dur	ing most of working life, even if retired) INDI	D DF BUSINESS OR USTRY	11. BIRTHPLACE (County &	State, or foreign country) 12.	CITIZEN OF WHAT CDUNTRY?
13.	FATHER'S NAME	Tours	4. MOTHER'S MAJOEN NAM	Va	454
	Fen & Mill	e seu	L-1.	1.1	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SD s, no, or unknown) (If yes give war or dates of service)	CIAL SECURITYND. 17. INF	FORMANT J	Address	
(16	Mo (11 yes give war or dates of service) 2/9-	36-0521 7	Mary Mild	asin Fend	on fred RC
1	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	1 / 0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	reheral T	hiombore	2	ONSET AND DEATH
	4221 OUE TO	+ 0.	+ 0	1.	
	Genditions, If any, which gave rise to immediate (b)	veriorce	ratie can	die	
	cause (a), stating the underlying cause last.	Vasanle	ar Derear	e	1/24/5
CATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO OEATH BUTNOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. DES DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury	In Part I or Part II of Item	
		JRY OCCURRED 20e. PLACE	DF INJURY (Home, farm, 20	Of. (City or town) (C	County) (State)
MEDICAL	Hour a.m. While was work at work	Not While factory, s	street, office bldg., etc.)	,	,
	21. I certify that (I) (this hospital) attended	the deceased from #	ch , 1952		66, that (I) (we) last
	saw the deceased alive on 10/9/	19.66_, and that de	eath occurred at 6:45 p	I, from the causes and on	
	22a. SIGNATURE W. H. Formal	M.D.	ATTENOING MED.	STAFF -	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) W. It Fo A	rd M.D	AAAVC	hester	ud
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 12 PEMOVAL (Specify) 10/13/66	23c. NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City, town or	county) (State)
24.	FUNERAL DIRECTOR OF COMPANY	ADDRESS Rear Room	25a. REC'O BY F	REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
	Alla 10		DATE OCI 1	3 1900 /	ver judge

VR A15 (4) 2DM 1/65

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Daniel P.

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TO HOSPITAL OR ATTENDING PHYSIOIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

	14036	T+	<u>ио тап.</u>	CERTIF	FICAT	E OF DEATH		1/	1039				
1.	PLACE DF DEAT a. COUNTY		LO - LIE	: # ************************************	7-1/	2. USUAL RESIDENCE a. STATE	E (Where dec	eased lived, IT ins		ce before ad	(mission)		
		Carroll			RYLAND	Md.	*		Fred				
	write RURAL	VN (If outside corpora and give nearest tow	te limits, /n)	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, wr	Ite RURAL and g	ive neares	t town)		
_	Sykes	sville		13 y	rears	Midd	Letown	1	/	0 .8	2		
	d. NAME OF HO	SPITAL OR INSTITUTIO)N (If not in h	iospital, give street	address)	d. STREET ADDRESS				e. IS RES	IDENCE		
		en Nursing	Home			-					NO 🔽		
3.	NAME DF DECEASED (Type or print)	John	rst	Middle	Ţa]	Last 'i se	4. DATE OF DEATH	Oct.	n Da	y Yea	66		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEA				
	Male	White	WIDOWED	DIVORC	CED	6-5-1871	100	94 yrs.	Months Days	Hours	Min.		
10a dui	a. USUAL OCCUPATING most of work	TION (Give kind of work		(IND OF BUSINESS INDUSTRY	OR	11. BIRTHPLACE (Co	ounty & State,		12. CITIZEN	OF WHAT			
	Harness			ather		Marylan	nd		USA				
13	. FATHER'S NAM	1E				14. MOTHER'S MAID	EN NAME						
	Char	cles Wise				Amanda	Derr						
15 (Ya	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY	NO. 17.	INFORMANT		Addre	SS	MON			
	No			?	M	rs. James	Hall	Sv	kesvil	le. I	1d.		
		DEATH [Enter only on		line for (a), (b), and		10.00			LINT	ERVAL BE	TWEEN		
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Art	erioscler	osis.	generalized	d		ON	1959	ZAIN		
	4201 DUE TO							t	through				
	Conditions, If any, which \ (h) I arms wight incured horning and another									Oct. 1. 1966			
	gave rise to cause (a), s			8	8								
	underlying caus		(c) Hes	rt Diseas	e: Ce	ronary thron	nbosis.	. acute:	Cardiac	arre	st.		
NOI	PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIB	UTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL D	ISEASE CON	OITION GIVEN IN	PART 1(a) 19	PART 1(a) 19. WAS AUTOPSY PERFORMED?			
CA									Y		NO 🔀		
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEA	TH 20b.	DESCRIBE HOW INJ	JURY OCCU	RRED. (Enter nature of	injury in Pa	rt I or Part II o	f Item 18.)				
					7								
CA	2Dc. TIME OF Hour a.i	INJURY Month, Day,	1 1	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town)	(County)	(S	tate)		
MEDICAL		m. 19	While at wor		1	7,04,001,0111000108.,01							
	21. I certif	fy that (I) (this hosp	oital) attend	ed the deceased	from	. 19	59 to	et. 1,	1966_ t	hat (I) (w	(e) last		
	saw the de	ceased alive on	Oct. 1,	19.66	and that	death occurred at_5							
	22a. SIGNATU	RE /	0	11.00		ATTENDING -	150	OTAFF	22b. DATE S	IGNED			
		Henry	2-1	Tall	M.D	. PHYS.	MED. DIRECTOR	STAFF PHYS.	10-3.	66			
	22c. PHYSICIA NAME (T	(ami	TT **		3.500	22d. ADDRESS							
_		Howard	E. Ha		MD	Sykest							
238	REMOVAL (Sp.	MATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LO	CATION (CIty, to	own or county)	(St	ate)		
100	urial	119-4-6	56	Christ	Evan	gelical	Mic	TRAR 256. R	no.	Md			
24	FUNERAL DIRI	11/ 1/1	let .	ADDRESS	N	25a. REC	D BY REGIS	1000	COL.	MATURE			
1	Havy	W. Hally	100 %	yrecide	-, //	A DATE	6 101	1956	juante	o Jus	1		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of cemoval, and in any event, within 72 hours after death. 4038

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH 9. COUNTY	E-MESE			2. USUAL RESIDENC		eased lived, If		esidence before admi	ssion)
	Carroll		MARYL	AND	Marylan	d	D. CC	Carro.	u	
	b. CITY OR TOWN (if outside corpora	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corp	orate limits,	write RURAL	and give nearest t	own)
	b. CITY OR TOWN (if outside corpora write RURAL and give nearest tow Silver Run	/n)	Life	11.2	Silver Ru	ın			06-1	
	d. NAME OF HOSPITAL OR INSTITUTIO	ON (if not in h	ospital, give street ad	Idress)	d. STREET ADDRESS				e. IS RESID	ENCE
	Westminster, Md. R.	D. 1			Westminster	, Md.	R. D.	1		7
3.	NAME DF FI DECEASED	rst	Middle		Last	4. DATE	Mo	nth	Day Year	
	(Type or print) Ma		Elizabeth		ngling	DEATH	Octo	ber 2	1966	,
5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In year last birthday	IF UNDER	1 YEAR IF UNDER 24	
	emale White	WIDOWED			7/16/1873		93 yrs.	Months	Days Hours	Min.
10: du	a. USUAL OCCUPATION (Give kind of work ling most of working life, even if retire	done 10b. K	(IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Co	unty & State,	or foreign coun		ITIZEN OF WHAT	
	ousewife-Housework	Hei	c own home		Carroll (, Md.	U.S	A.	
13	. FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
	William A. Leppo				Sarah J	. Koon	tz			
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Add	ress		
	No (17) es give war of dates of		20-40-2487	Ch	arles A. Lei	ppo, W	estmins	ter, M	d. R. D.	1
	18. CAUSE DF DEATH [Enter only on		line for (a), (b), and (c)	.1					INTERVAL BETW	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerce bree Thromboses								1 da	4111
	332 X DUE TO									
	Conditions, If any, which \ (h) Cartinic - selimons							109202	4	
	gave rise to Immediate								0	
	underlying cause last. (c) Influenz							10 day	C	
NO.	PARTII. OTHER SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BUT N	OTRELA	TED TO THE TERMINAL D	ISEASECON	DITION GIVEN	IN PART 1(a)	19. WAS AUTO	
CERTIFICATION	Sen	ulit	-							
TIF	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
CER	(IF EITHER, NOTIFY MEDICAL EXAMI	NER)	7					***		
CAL	2Dc. TIME OF INJURY Month, Day,	Year 2Dd. I	NJURY OCCURRED 2		CE OF INJURY (Home, fa		City or town)	(Cou	inty) (Sta	te)
MEDICAL	Hour a.m.	While		factor	ry, street, office bldg., et	ic.)				
Σ	p.m. 19 21. I certify that (i) (#his hosp	at wor		nm ((c	5. 25 10	55 to/	101.20	10%	that (I) (we)	Loci
	caw the deceased alive on	Julian allend	1066 as	nd that	death occurred at 6	300 fr	m the cause	e and on t		
	saw the deceased alive on 2 = 1942, and that death occurred at6:30 M, from the causes and on the date stated above.									
	222. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D									
	22c. PHYSICIAN'S NAME (Type)		1		22d. ADDRESS	_ 4	1	~	/	
	C. L. 13	11/11	19-3/00	1	West	2224	reti	2,1	mel.	
238	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF	A3c. NAME OF CE	METERY	OR CREMATORY	23d. LO	CATION (City,	town or cou	inty) (State	2)
	Burial 10/5/	66	St. Marys	Cen	netery	Silv	er Run	Carro	11 Co., N	id.
34	FUNERAL DIRECTOR	0	O ADDRESS			'D BY REGIS	TRAR 25b.	REGISTRAR'	S SIGNATURE	
14	repard A. Tit	Hend	17HINTO	un	PA DATE OC	1 4	1966	Jacon	les Judge	0

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1000 100. Mary Constary Silver Run, Correct Oc., No.

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